

Awareness about Tobacco Habit, Its Hazards and Willingness to Quit the Habit among Patients.

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Abstract: Tobacco use is one of the leading preventable causes of premature death, disease and disability around the world. An estimated 4.9 million deaths occurring annually can be attributed to tobacco use. This study was carried out to assess awareness of patients about tobacco habit and their willingness to quit the habit. A cross sectional study was conducted amongst the patients. The sample size was decided based on prevalence rate of awareness in previous studies. The study comprised of 200 subjects. Pre-set pre-tested questionnaire was used for interview purpose; the patients were given a questionnaire consisting of 13 questions regarding Personal information, education, duration & frequency of their tobacco habits, its hazards and their willingness to quit the habit. There is an urgent need to take effective steps, especially on launching community awareness programs for the school children and public to educate them about the consequences of tobacco use, and on counselling of patients for de-addiction of this habit.

Keywords - awareness, de-addiction, hazards, quit, tobacco.

I. INTRODUCTION

Human beings have been using tobacco since 600 A.D. Columbus who came to know about it from the Caribbeans during his historical journeys introduced it in Europe. The Portuguese introduced it in India. Harmful effects of tobacco have been recognized over the last 1000 years. Historically, three contemporary rulers, King James I of England, Shah Abbas of Persia and the Mughal emperor Jahangir of India in 16th century had noticed the harmful effects of tobacco and tried to ban it ^[1]. Tobacco use is one of the leading preventable causes of premature death, disease and disability around the world. An estimated 4.9 million deaths occurring annually can be attributed to tobacco use. This figure is expected to rise to about 10 million by the year 2020, if the current epidemic continues and more than 70% of these deaths are expected to occur in developing countries. ^[2]

Globally, cigarette smoking is the dominant form of tobacco use. In the Indian context, tobacco use implies a varied range of chewing and smoking forms of tobacco available at different price points, reflecting the varying socio-economic and demographic patterns of consumption. Tobacco is consumed in a variety of, both smoking and smokeless forms, e.g. bidi, gutkha, khaini, paan masala, hookah, cigarettes, cigars, chillum, chutta, gul, mawa, misri, etc. Tobacco is also a part of the socio-cultural milieu in various societies, especially in the Eastern, Northern, and Northeastern parts of the country. India is the second largest consumer of tobacco products and third largest producer of tobacco in the world. In order to facilitate the implementation of the tobacco control laws, bring about greater awareness regarding harmful effects of tobacco and fulfill obligation(s) under the WHO Framework Convention on Tobacco Control (WHO FCTC), the Government of India launched the National Tobacco Control Programme (NTCP) in the country. ^[3]

Several strategies have been shown to reduce tobacco use. However, more than 50 years after the health dangers of smoking were scientifically proven, and more than 20 years after evidence confirmed the hazards of second-hand smoke, few countries have implemented effective and recognized strategies to control the tobacco epidemic. International efforts led by WHO resulted in rapid entry into force of the WHO Framework Convention on Tobacco Control (WHO FCTC), which has 168 signatories and more than 150 Parties. Achievement of tobacco control goals will require coordination among many government agencies, academic institutions, professional associations and civil society organizations at the country level, as well as the coordinated support of international cooperation and development agencies.

As per India's Cigarette and Other Tobacco Product Act 2003 (COTPA), selling tobacco to minors or selling of tobacco by minors (under the age of 18) is legally forbidden and violation of the same is a punishable

offence. Same applies to selling of tobacco containing items within 100 yards radius of any educational premises^[6].

This study was carried out to assess awareness of patients about tobacco habit and their willingness to quit the habit.

II. SUBJECTS AND METHODS

A cross sectional study was conducted amongst the patients referred to Department. of Public Health Dentistry for counseling, the sample size was decided based on prevalence rate of awareness in previous studies. Simple random sampling method was used for collection of data. The approval was obtained from the institutional ethics committee where the study was carried out. The study comprised of 200 subjects, the patients. There were 160 males and 40 females.

Pre-set pre-tested questionnaire was used for interview purpose; the patients were given a questionnaire consisting of 13 questions regarding Personal information, education, duration & frequency of their tobacco habits, its hazards and their willingness to quit the habit. The statistical analysis was done on proportional percentage basis, study variables being tobacco-chewing smoking, quitting attempts, quitting reasons, knowledge regarding health hazards, age of initiation of habit.

III. RESULTS

In the present study, total 200 patients who visited Department of Public Health Dentistry, oral oncology unit and de-addiction centre, VSPM Dental College and R.C. Nagpur, were included. There were 160 (80%) males and 40 females (20%). (Table 1, *Fig 1*)

72 (36%) patients were involved in use of smokeless form, 51 (25.5%) patients were involved in use of smoking form and 77 (38.5%) patients were having habit of smokeless as well as smoked form of tobacco. Among the smokers, females were only 1%. (Table .1 *Fig 2*).

Among these patients, the prevalence of habit was 28.5% up to the age of 25 years and the habit was maximum 53 % in the age group of 26-50 years. Minimum age of initiation of tobacco habit was 10 years in males and 13 years in females. (Table.2, *Fig 3*).

Among these patients, 71.5% patients had knowledge of hazards of tobacco habit but only 46% patients had tried to quit the habit however when questioned about their willingness to quit 73.5% patients were willing to quit. (Table.5, 6, *Fig.5,6*).

Among those patients who were willing to quit the habit 147 (73.5), when asked about source of motivation 96 (65.3 %) were motivated Doctors, 20 (13.6%) by family and 31 (21%) by television. (Table.7, *Fig 7*). 58 % patients admitted that the government should ban the tobacco use in India. (Table.8, *Fig 8*).

IV. FIGURES AND TABLES

Tobacco habit	Male		Female		Total	
	No.	(%)	No.	(%)	No.	(%)
Smokeless	41	(20.5)	31	(15.5)	72	(36)
Smoking	49	(24.5)	02	(1)	51	(25.5)
Both	69	(34.5)	08	(4)	77	(38.5)
Total	160	(80)	40	(20)	200	(100)

Table-1: Distribution of study participants according to tobacco habit and gender.

Gender	1-25 yrs		26-50 yrs		51 above		Total	
	No	(%)	No	(%)	No	(%)	No	(%)
Male	53	(26.5)	78	(39)	29	(14.5)	160	(80)
Female	04	(2)	28	(14)	08	(4)	40	(20)
Total	57	(28.5)	106	(53)	37	(18.5)	200	(100)

Table-2: Distribution of study participants according to age group

	Male	Female
Minimum age of initiation of habit in years	10	13

Table-3: Minimum age of initiation of habit in study participants.

	Male		Female		Total	
	No	(%)	No	(%)	No	(%)
Know the habit is hazardous	114	(57)	29	(14.5)	143	(71.5)

Table-4: Distribution of study participants according to knowledge about tobacco hazard

Gender	Willing to quit		Not willing to quit	
	No.	%	No.	%
Male	114	(57)	46	(23)
Female	33	(16.5)	7	(3.5)
Total	147	(73.5)	53	(26.5)

Table-5: Distribution of study participants according to willingness to quit the tobacco habit.

Gender	Tried to quit		Not tried	
	No.	%	No.	%
Male	78	(39)	82	(41)
Female	14	(7)	26	(13)
Total	92	(46)	108	(54)

Table-6: Distribution of study participants according to efforts to quit the tobacco habit.

Source of motivation	No.	%
Doctors	96	(65.3)
Family	20	(13.6)
Television	31	(21.0)
Total	147	

Table-7: Distribution of study participants according to source of motivation to quit habit

Gender	Govt. should ban		Govt. should not ban	
	No	(%)	No	(%)
Male	97	(48.5)	62	(31)
Female	19	(9.5)	22	(11)
Total	116	(58)	84	(42)

Table-8: Distribution of study participants according to their opinion about Govt. ban on tobacco.

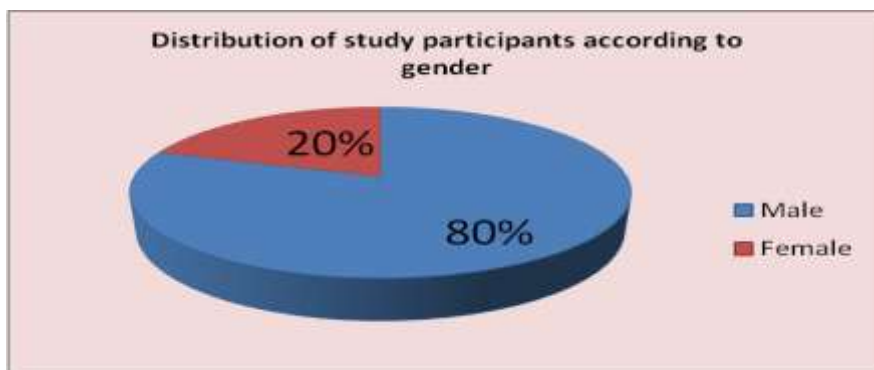


Fig -1: Distribution of study participants according to gender.

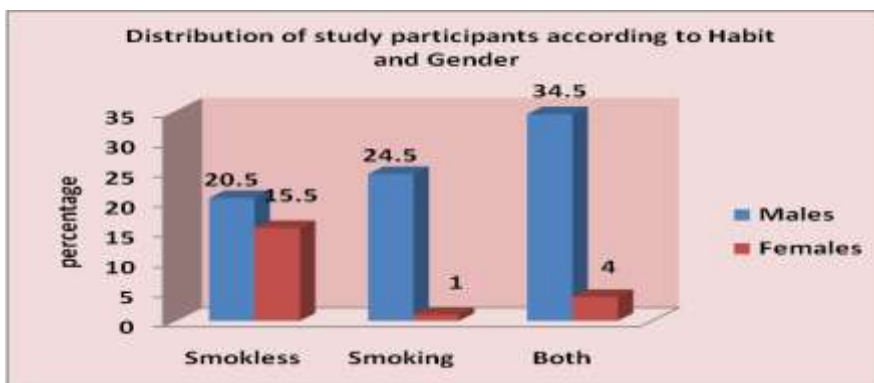


Fig -2: Distribution of study participants according to tobacco habit and gender.

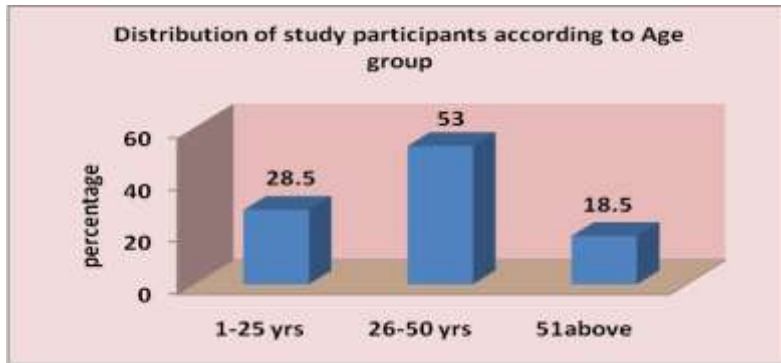


Fig -3: Distribution of study participants according to age group.

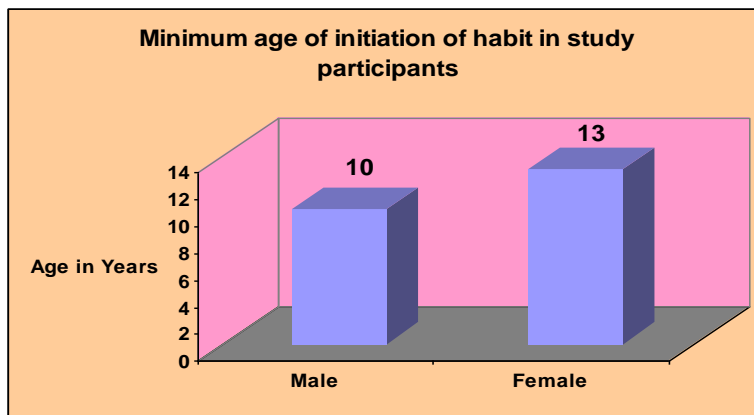


Fig -4: Minimum age of initiation of habit in study participants.

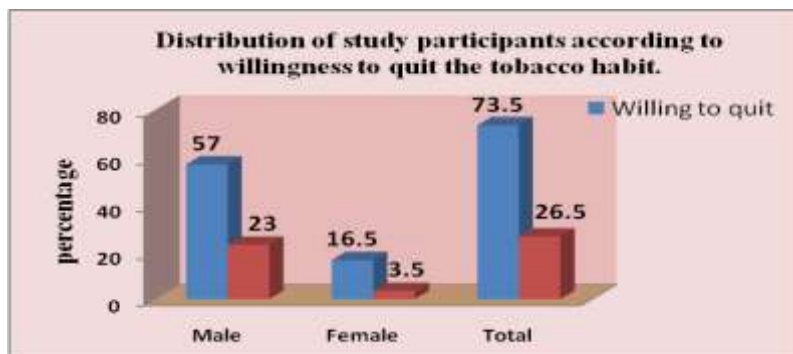


Fig -5: Distribution of study participants according to willingness to quit the tobacco habit.

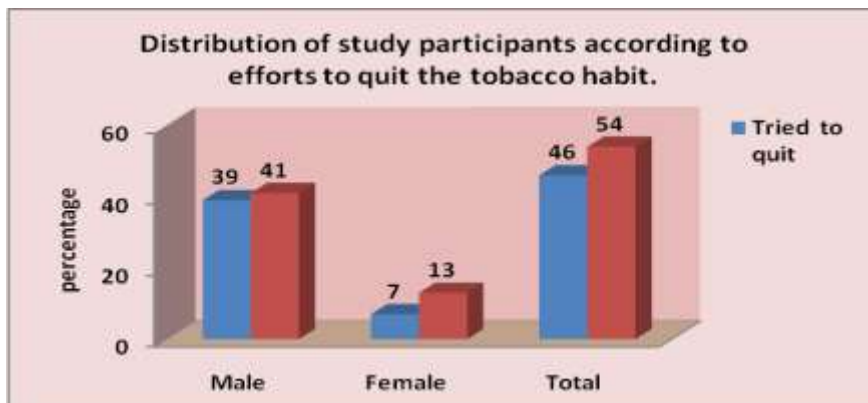


Fig -6: Distribution of study participants according to efforts to quit the tobacco habit.

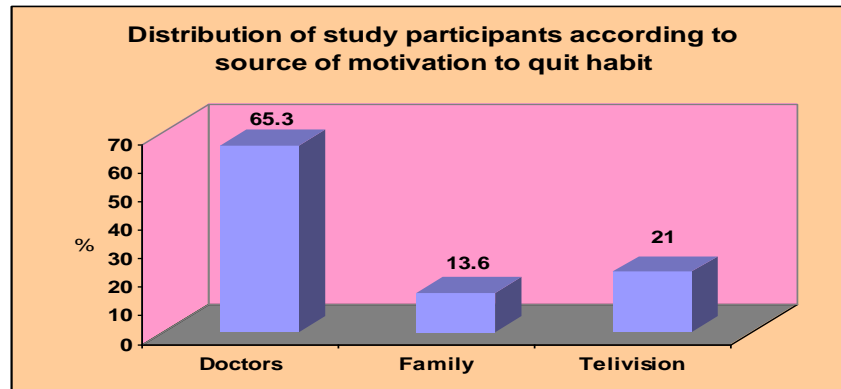


Fig -7: Distribution of study participants according to source of motivation to quit habit.

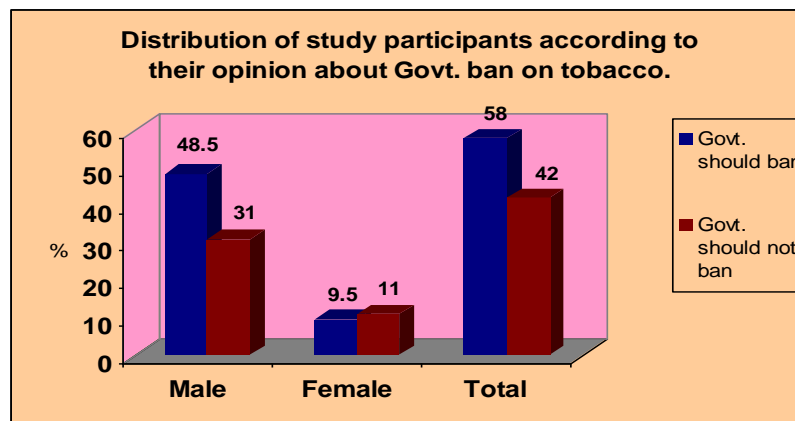


Fig -8: Distribution of study participants according to their opinion about Govt. ban on tobacco.

V. Conclusion

There is an urgent need to take effective steps, especially on launching community awareness programs for the school children and public to educate them about the consequences of tobacco use, and on counseling of patients for de-addiction of this habit.

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