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USE OF TOBACO AMONG ADOLESCENCE IN URBAN AREA

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ABSTRACT

Tobacco consumption in multiple forms presents an emerging, significant and growing threat to the health of Indian adolescents, especially those from low socio economic communities. The World Health Organization projects that by the year 2030, tobacco use will kill 10 million persons annually, which make tobacco the number one cause of preventable death in the world. Objectives To know the prevalence of tobacco use among urban adults.

Material and Methods: Study Area: Urban Health Training Centre, Study Design: Cross Sectional Study, Sample Size: 360, Study Period: 1st April to 31st July 2012, Participants: Adolescents residing at UHTC area, Statistical Analysis: Chi-Square Test and Percentage.

Result: Prevalence of tobacco use was higher among boys than girls. Adolescents reported that using tobacco in multiple forms, chewing tobacco being the most popular. Peer pressure, easy availability and affordability were important reasons associated with tobacco initiation and continued use. Community based intervention can be effective in preventing adolescence from initiating tobacco use in a low resource.

Keywords: Adolescents use of tobacco

INTRODUCTION

Tobacco is a major health problem as it kills more than five million people a year or one person every six seconds, and more than 80% Of these deaths occur in developing countries¹.

Majority of the cardio vascular diseases, cancer and chronic lung diseases are directly attributable to tobacco consumption. Almost 40% of the tuberculosis deaths in the country are associated with smoking.

Tobacco kills a third to half of all people who use it; on an average 15 year pre maturely. By 2030, unless urgent action is taken tobacco annual death toll will rise to more than eight millions.² According to WHO estimates 194 million men and 45 million women use tobacco in smoked or smokeless forms in India³

India is the second largest consumer of tobacco products and third largest producers of tobacco in the world.⁴ It is consumed in the forms of beedi , gutka, paan masala ,hukka, cigarettes, chutta,mawa and others. In India tobacco use is estimated to cause 0.8 million deaths annually .⁵ Nearly 2200 Indian dies each day of tobacco related diseases.⁶ The most suseptible time for initiating tobacco use in India is adolescence and early adulthood.

Tobacco use poses a major public health threat particularly for adolescents in India, with the current prevalence of tobacco use being 14% among 13-15 years adolescent's.⁷ The higher rates of tobacco use reported among adolescents living in urban, low socio economic areas.

In India it may be due to increased up take by them or less successful quit attempts .Tobacco

use among adolescents is influenced by multiple etiological factors, including individual socio-cultural and environmental factors. Further research is required to describe the complex etiology of tobacco use among the adolescents living in urban areas.

Objectives

To know the prevalence and Inducing factors for initiating tobacco use among adolescents.

MATERIAL AND METHODS

A community based cross sectional study was carried in UHTC Field practice area of Community Medicine department, BLDU'S Shri BM.Patil Medical College, Bijapur.

The study was carried out from 1st April to 31st July 2012.

Systematic random sampling techniques were used to identify the households and adolescents in the community.

A total of 360 adolescents were interviewed. The study was conducted by house to house visits with a pretested oral questionnaire method.

X² test and percentage were used for analyzing the data.

RESULT

Table No 1: Use of tobacco according to age:

Age in years	T Users	Non Users	Total
10-11	5(7%)	36(13%)	41
12-13	7(9%)	45(16%)	52
14-15	14(19%)	62(22%)	76
16-17	20(27%)	70(24%)	90
18-19	29(38%)	72(25%)	91
Total	75	285	360

X²=7.744 p=0.1014

Prevalence of tobacco significantly more in late adolescence (65%) compare to early adolescence period (35%). Study also reveals that use of tobacco increases with age of adolescents.

Table No 2: Use of tobacco according to literacy:

Literacy level	T User	Non User	Total
Illiterate	2(3%)	26(9%)	28

Primary	9(12%)	42((15%)	51
Secondary	41(54%)	123(43%)	164
College	23(31%)	94(33%)	117
Total	75	285	360

X²=5.320 p=0.1498

In the present study it was found that majority of the adolescents either tobacco user or non user had secondary level education (54%) followed by higher education (31%). Illiteracy has a very little role in the consumption of tobacco in the present study.

Table No 3: Use of tobacco according to sex:

Sex	T user	Non user	Total
Male	63(84%)	133	196
Female	12(16%)	152	164
Total	75	285	360

X²=31.878 p<0.0001

Consumption of tobacco was found more in boys (84%) compare to girls (16%). Boys were on an average of 5 times more likely to use tobacco than girls.

Table No 4: Use of tobacco according to socio-economic status:

Socio-economic status	T users	Non users	Total
I.	1(1%)	10(14%)	11
II.	8(11%)	43(15%)	51
III.	19(25%)	74(27%)	96
IV.	18(24%)	69(24%)	87
V.	29(39%)	86(30%)	115
Total	75	285	360

X²=3.143 p=0.5342

It was noticed that consumption of tobacco is high in low socio-economic class (63%). Study reveals that poorer adolescents tend to use tobacco products more than their wealthier counterparts. Tobacco use is strongly associated with low socio-economic status.

Table No 5: Factors influencing use of tobacco n=75

Factors	Number
Friends	41
Family Members	12
Siblings	8
Making impression over others	6
Stress/Depression	8
Total	75

The common reasons for initiating the tobacco were influence from the friends (55%), followed by influence of family members. Most of the respondents stated that they had started using tobacco after their friends or family members offered it to them. Initially they started tobacco use irregularly and finally it becomes regular habit of use of tobacco.

DISCUSSION

Adolescence is a critical time for the health and future development of boys and girls. Experience and behavior during these formative years can influence lifelong health as well as put current health at risk. So present study is an attempt to identify the habit of tobacco addiction among 360 adolescence in UHTC area.

This study demonstrates that the prevalence of ever tobacco user was 20.8% in the age group of 10-19 years. In national family health survey (NFHS-3) it was found that 28.6 of the adolescent aged 15-19 years were using any kind of tobacco.⁸

National wide NFHS-3 as well as other studies documented that the prevalence of tobacco use increases with age⁹. Our study also reports a very high tobacco use in late adolescent period (65%) compare to that in early adolescent period (35%)

Study reveals that poor and less educated adolescents consume more tobacco. The reason may be that poor and less educated people are less aware of the health hazards of tobacco consumption.

The present study high lights the facts that adolescents belongs to low socio economic are more prone to early initiation of tobacco use ,

because of several social ,environmental and personal factors.

Many adolescents start working at an early age, easy accessibility and affordability of tobacco products encourages their tobacco habit.

Friends had a stronger influence on tobacco consumption by adolescence than any other group. The over whelming effect of peer pressure on the initiation of tobacco use among adolescence is a matter of serious concern because it is very difficult to prevent the effect of this factor in an age group which likes the company of their friends. Mohan.S, Sankar Sharma conducted a study in Kerala and stated that friend's tobacco consumption was found to be significant link between peer pressure and tobacco use.¹⁰

Adolescents may initiate use of tobacco to express independence, to “feel” and “act” like adults. Some adolescent smoke to try to control their weight, some smoke to reduce stress. Risk factors for regular tobacco use include having parents, siblings or peers who use tobacco, poor school performance and limited goals, tendency to risk taking behaviors and use of alcohol or other drugs. Despite debate about the roles of media portrayals of tobacco use as normal, natural, and safe and marketing that appears targeted to the young.

No nation can stand proud by undermining the health status of every citizen and we cannot claim to be living in a healthy society without giving a massive break in the rising trend of tobacco consumption especially in adolescents .Since tobacco use behavior and pattern in India is mainly determined by cultural and social context, the best way to reduce its incidence is the integrated multi-sectorial initiatives with active community participation.

CONCLUSION

Consumption of tobacco was found more in boys compare to girls. Prevalence of tobacco significantly more in late adolescence. The poor

and uneducated are more likely to be victims of tobacco use.

RECOMMENDATION

Interventions need to be designed to reduce the use of tobacco among adolescence such interventions should raise awareness on the social, economic and health implications of the uses of tobacco.

Equip adolescence to overcome peer influence and provide counseling to quit using tobacco.

Community participation and definite government commitment both at state level and national level are the urgent requirement to crush down the current trends of tobacco consumption towards lower level.

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REFERENCES

1. Mathes C D, Lancer D. Projection of Global Mortality and burden of diseases from 2002 to2030 PLoS Medicine 2006 3;1.
2. Peto R (1996) Mortality from smoking world wide .British Medical Bulletin 52 ; 12-21.
3. Sinha, D.N., Gupta, P.C., & Pednekar, M.S. (2003). Tobacco use in a rural area of Bihar, India, Indian J. Commun Med, 28, 167-70.
4. Rani, M., Bonu, S., Jha, P., Nguyen, S.N., & Jamjoum L. (2003). Tobacco use in India. Prevalence and predictors of smoking and chewing in a national cross sectional household survey 2003, 12th ed. Tobacco Control.
5. Country Profile India (1999) Indian Journal of Medical Association 97; 377-80.
6. Quarterly News Letter (2009) National Institute of Health and Family Welfare XI,2;Apr-June.
7. Monica Arora, Abha Tiwari etal Community-based model for preventing tobacco use among disadvantaged adolescents in urban slums of India, 2010. Health Promotion International. Vol 25 No, 25.
8. National Family Health Survey. 2005-2006. (NFHS-3) International Institute for Population Science Mumbai.
9. Mathes C, Arora.M.(2008) Differences in Prevention of Tobacco use among Indian Urban Youth –Nicotine and Tobacco Research ,10;109-116.
10. Mohan Kumar.P.D., Poorni S.(2006) Tobacco use among school children in Chennai City, Indian Journal of Cancer. 40; 43-59.
11. Poland.B. SparkeR J.(2006) The social contest of smoking ,the next frontier in tobacco control? Tobacco Control 15;59-63.
12. Reddy.K S.Gupta.P.C., Pednekar.M.S.(2003) Tobacco Control in India. New Delhi Minister of Health and Family Welfare. Government of India.