Scholars Journal of Applied Medical Sciences (SJAMS) **ISSN 2320-6691 (Online)**
Sch. J. App. Med. Sci., 2014; 2(4B):1282-1285 **ISSN 2347-954X (Print)**

(An International Publisher for Academic and Scientific Resources)
www.saspublishers.com **DOI:** 10.36347/sjams.2014.v02i04.025

Research Article

Tobacco Use amongst Labourers in an Urban Area in North India

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Abstract: Tobacco use is an important risk factor for numerous chronic diseases like cancer, diseases of the lungs, and cardiovascular diseases. Despite this, tobacco use is common throughout the world. Almost 150 million young people are known to use tobacco out of which a majority worldwide began this when they were adolescents. This number is on the increase globally, particularly amongst those individuals who move away from their homes to earn a living. This was a community based, cross-sectional descriptive study conducted amongst labourers in an urban area of north India. All the male labourers, who were present at the place of study during the period of study and consented to be part of it were included (N=356). The youngest one was 16 years of age while the oldest one was 54 years of age. Accordingly, the class intervals for the age groups were made. The respondents were interviewed with the help of an investigator administered questionnaire. This was a standardized questionnaire based on the Tobacco Use Module of the Global School based Student Health Survey (GSHS) 2013 core questionnaire modules. Data was analysed using EpiInfo. Only 3.37 per cent (n=12) of the respondents had never smoked consumed tobacco in any other form. 35.39 per cent of the study population (n=126) had started smoking at the age of 14 or 15 years. 87.64 per cent (n=312) had their fathers or male guardians who smoked. An overwhelming majority of the respondents were influenced by their fathers and took up smoking at a relatively younger age, despite being aware of the harmful effects.
Keywords: bidi, cigarette, labourer, tobacco, urban

INTRODUCTION

The use of tobacco is an important risk factor established for numerous chronic diseases like cancers, diseases of the lungs and cardiovascular system. Still, in spite of this, the use of tobacco is very common throughout the world [1]. Nevertheless, a great deal of progress has been made over a period of time, to reach a high level of achievement of tobacco control by the World Health Organisation. This, in turn, proves that there is a strong political will for the control of tobacco at both national as well as international levels. Over two billion people are being covered by tobacco control measures. This is evidently as a result of all the actions taken the WHO Member States so as to fight this epidemic of tobacco [2]. Young people between 10 and 19 years of age, very often, are considered age nerally healthy group. However, many of them die prematurely due to various types of accidents, suicide and violence. Besides, there are many other disease that are preventable and/or treatable, that can affect them. Many more of these adolescents also suffer from chronic ill-health and different types of disabilities. In addition to all this, there are certain serious diseases of adulthood which have been established to have their roots in the early years of life, including adolescence. The different diseases associated with tobacco use make up an important component of such examples. This, most often, results in disease and/or premature death in the later life. It is known that in any given year, almost twenty per cent of the adolescents will be experiencing some kind of mental health problem. This may be most commonly depression or anxiety. Now, this, in turn, has been found to be strongly associated with tobacco use in one form or the other. An estimated 150 million of the young people use tobacco [3]. It has been found that a significant majority of these tobacco users the world over, initiated this habit while they were still adolescents. This number is increasing globally. Risks have also been found to be increasing with even intermittent active smoking [4].

MATERIALS AND METHODS

Ethics Statement

This study complies with the guidelines of the 1964 Declaration of Helsinki. Informed consent of all the participants was taken and their anonymity was maintained. No photographs of the subjects were taken during the study.

Procedure

This was a community based, cross-sectional descriptive study conducted amongst the labourers in an urban area of north India. All the male labourers, 18 to 50 years of age, who were present at the place of study during the period of study and consented to be part of it were included (N=356). Those who had finished their contracts or were moving out to another location during the study period were excluded. Informed consent was taken and the respondents were interviewed with the help of an investigator administered questionnaire. This was a standardized questionnaire based on the Tobacco Use Module of the Global School-based Student Health Survey (GSHS) 2013 core questionnaire modules. All questions were answered by all the respondents. There were no blank responses. Data so collected were analyzed by using suitable statistical tests and with the help of Microsoft Excel 2007 as well as EpiInfo version 3.2.

RESULTS

The distribution of the total study population (N=356) is as shown in table 1 and Fig. 1. Majority of the respondents were in the range of age of ≥16 years to <35 years.

Table 1: Distribution of study population by age

Age group	Frequency	Percentage
≥16 to <25	170	47.75
≥25 to <35	137	38.48
≥35 to <45	46	12.92
≥45 to ≤55	3	0.84
Total	356	100

Table 2: Distribution of study population by age of respondent when first trying a cigarette/bidi

Initiation	Frequency	Percentage
Never	12	3.37
7 years old or younger	2	0.56
8 or 9 years old	7	1.97
10 or 11 years old	16	4.49
12 or 13 years old	83	23.31
14 or 15 years old	126	35.39
16 or 17 years old	104	29.21
18 years or older	6	1.69
Total	356	100

Table 2 shows the response of the study population when asked the question as to what was the age when smoking of cigarette/bidi was tried for the first time. There were only twelve individuals who claimed to have never smoked or even tried smoking at all.

Table 3: Distribution of study population by by the number of days the respondent smokes cigarettes/bidis

Total number of days	Frequency	Percentage
0 days	6	1.69
1 or 2 days	4	1.12
3 to 5 days	7	1.97
6 to 9 days	17	4.78
10 to 19 days	132	37.08
20 to 29 days	67	18.82
All 30 days	123	34.55
Total	356	100

The distribution of the study population in response to the question as to how many days one smoked cigarettes/bidis in the last thirty days is as shown in table 3.

Table 4: Distribution of the study population by the number of days the respondent used any tobacco products other than cigarettes/bidis

Total number of days	Frequency	Percentage
0 days	17	4.78
1 or 2 days	2	0.56
3 to 5 days	1	0.28
6 to 9 days	28	7.87
10 to 19 days	111	31.18
20 to 29 days	79	22.19
All 30 days	118	33.15
Total	356	100

Table 4 depicts the response of the study population when asked the question as to how many days did each individual use any tobacco products other than smoking of cigarette/bidi in the last thirty days.

Table 5: Distribution of the respondents by the attempt made during the past 12 months to stop smoking cigarettes/ bidis

Attempt to give up smoking	Frequency	Percentage
I have never smoked	12	3.37
I did not smoke during the past 12 months	15	4.21
Yes	86	24.16
No	243	68.26
Total	356	100

Table 5 shows the distribution of the respondents by the attempt made during the past 12 month to stop smoking cigarettes/bidis.

The distribution of study population by the number of days during the last seven days that other people have smoked in their presence is as shown in table 6.

Table 6: Distribution of study population by the number of days during the last 7 days people have smoked in the presence of the respondent

Total number of days	Frequency	Percentage
0 days	17	4.78
1 or 2 days	2	0.56
3 or 4 days	1	0.28
5 or 6 days	28	7.87
All 7 days	118	33.15
Total	356	100

Table 7 shows the distribution of the respondents by the use of any form of tobacco by their own parents or guardians.

Table 7: Distribution of the respondents by the use of any form of tobacco by their own parents or guardians

Use of any form of tobacco by parent/guardian	Frequency	Percentage
Neither	0	0
My father or male guardian	312	87.64
My mother or female guardian	21	5.90
Both	21	5.90
I do not know	2	0.56
Total	356	100

DISCUSSION

In the present study it was observed that only 3.37 per cent (n=12) of the respondents had never ever smoked any cigarette/bidi or had consumed tobacco in any other form. An overwhelming majority of the respondents were influenced by their fathers and took up smoking, while a very small number of these had both parents resorting to use of tobacco.

In a similar study that was conducted in Rajasthan, India, amongst college going students; 258 (33.2%) males and 51 (8.4%) of the females had tried/experimented with tobacco smoking. Majority of the males (24.7%) had initiated this habit of smoking while they were younger in age. About 79.5% of the males and 72.3% of the females stated that it was indeed quite difficult to quit smoking. According to 88.1% of the females and 48.7% of the males, most people feltun comfortable in public places or gatherings [4]. In yet another study, in which a total of 1473 students had participated, the overall prevalence of 'current tobacco users' was 8% [5]. Another study that was conducted amongst construction labourers in Mumbai, found that those who regularly consumed alcohol and tobacco were 14.65% and 50.48%, respectively [7]. A similar study conducted in Ghaziabad to assess the use of tobacco, found that 72.5% of respondents indulged in this habit. Smoking of tobacco was found to be the most common type of this adverse habit in males while its chewing was found to be more common in females [9]. In another study conducted on the prevalence of substance use, it was observed that 52.7% students who belonged to the age group 19 to 21 years were regularly smoking [10]. Similarly, in another study that was conducted amongst migrant labourers, it was seen that only 1.45 per cent (n=4) of the respondents had never ever smoked or consumed tobacco [11]. Almost one third of the study population, that is, 33.09 per cent (n=91) had started smoking at the age of 14 or 15 years while 28.36 per cent (n=78) had started at 16 or 17 years [11].

CONCLUSION

A majority of the respondents were habitual smokers and were influenced by their fathers before taking up smoking. A very small number of these had both parents resorting to use of tobacco. Therefore, it is imperative to educate this migrant population on the hazards of tobacco and help to control the tobacco epidemic.

ACKNOWLEDGEMENT

The authors would like to thank the participants and their families for their co-operation in the smooth conduct of the study as well as the IEC activities that followed.

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