Knowledge attitude and practices study regarding tobacco use among rural population

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Abstract

Introduction: It was introduced into India by Portuguese. The great Sikh Guru Gobind Singh said, "Wine is bad, Indian hemp (bhang) destroys one generation but tobacco destroys all generations". Tobacco consumption is a major public health issue and is the major risk factor for six leading causes of death. Most of deaths occur in 35- 69 years age group which is economically productive, due to tobacco use and an average loss of 20-25 years of life. Tobacco use has high impact on growing economy and high expenditure on health. So many cultural practices, beliefs attitudes are contributing to its usage.

Aims and Objectives: The study was done with the objective of assessing the knowledge, attitude and practices of tobacco usage among rural population at Kuppam field practice area, A.P.

Materials and Methods: KAP study was done at field practice area of Kuppam in A.P.

Result: Total 1500 individuals above 15yrs were studied. The overall prevalence of tobacco use among the subjects was 61.3%. The prevalence of smoking, chewing and snuff use was 19.5%, 56.6% and 2.7% respectively. sociodemographic factors, cultural factors, misconception that tobacco releases the tension, worry, helps to overcome the appetite, thirst ect are contributing to tobacco consumption. Their belief, attitude and practices are very much deep routed in this rural area. They believe that tobacco consumption is not a bad and it is accepted by society compare to alcohol intake.

Keywords: Knowledge, Attitude, Practice, Misconception, Awareness, Prevention.

Introduction

Tobacco consumption is a major public health issue globally. Majority of smokers (81%) of the world are living in low and middle income countries. is the major risk factor for six leading causes of death namely ischemic heart disease, cerebro-vascular diseases, tuberculosis, lower respiratory tract infections, chronic obstructive pulmonary disease, and cancers (trachea, bronchus and lungs).(1) More than 5 million deaths are due to direct use of tobacco, and about 600,000 non-smokers die due to passive smoking. There is an estimated 12 million cases of preventable tobacco related illnesses each year.(2) Most of deaths occur in 35- 69 years age group due to tobacco use and an average loss of 20-25 years of life. Tobacco use has high impact on growing economy and high expenditure on health.(3) There are more than 300 million smokers in India .This includes more than 5 million child smokers, with 55,000 children taking up tobacco use every year. In India, beedi smoking is the most popular form of tobacco use. Cigarette smoking is the second most popular form of tobacco use, while tobacco chewing will be the next. Regarding tobacco chewing, people usually consume betel leaf and araca nut with tobacco. Other preparations such as gutka, hans, chaini, paan masala, and mawa are also used which are highly addictive. In India, 90% of the oral cancer patients were tobacco chewers. The mortality attributable to tobacco is very high, about 900,000 per year in India. So to prevent the mortality and morbidity, a substantial proportion of adult smokers have to quit smoking and children should be prevented from acquiring this unhealthy habit. Tobacco use is the single largest preventable cause of death and disability, .Tobacco addiction is a burning issue. It is very difficult to overcome until unless people's knowledge, attitude and practices are addressed. WHY DO PEOPLE BEHAVE AS THEY DO? Creating the awareness, knowledge and motivation will defiantly change their attitude which in turn will bring them into action and good habit that leads to personality development.

Materials and Method

Cross sectional study was done in the rural field practice area of Kuppam, Chittoor Dist., A.P, from Nov. 2012 to Jan. 2014 .Total 1500 participants, above 15 yrs were included after taking the informed written consent. Pre-tested semi structured Performa was used to collect the data. A pilot study was undertaken among 30 subjects (aged 15 years & above) in a village. This helped to fine-tune the Performa. The finalized Performa was then administered to the study subject.

For the study, the villages having more than 1500 population were noted. Three directions were chosen randomly such as North, South and East. From each direction, one such village was selected randomly for the study. A sample of 500 persons from each village was taken, so that a total sample of 1500 was achieved. By systematic method, the households on the left hand side of the villages were included in the study. House to

house visit was made to contact the subjects. After reaching the village, the first house on the left hand side was visited and subsequently the other houses were visited by following the left hand principle, until the target number of 500 persons was reached. In each household, all the individuals aged 15 years & above were selected for the study, who were willing to participate and are of permanent residents of that village. WHO definition of current users of tobacco was applied. That is a person who gave the history of consumption of any tobacco product within 30 days preceding the survey. Data was analyzed by using Epi-info version 7, proportion, percentage, ANOVAs, Chi square test and multivariate logistic regression test. The results were discussed by comparing with similar studies collected as review of literature and detailed report was prepared.

Results and Discussion

Total no of study subjects were 1500. Male 783 (52.2%) and females 717 (47.8%). Most of them were in the age group of 20-29 years (32.3%), followed by 30-39 years (20.9%). Majority of them were 605 (40.3%) belonged to nuclear family. Most of them were married (72%) and, Illiterates were 780 (52.0%). Majority of them, were agricultural laborers 678 (45.2%) and 34.1% belonged to class IV.

Prevalence of tobacco consumption among the 1500 study subjects was 61.3% (919 persons) Hindus, 61.2% (1496) were tobacco consumers and all the 4 Muslims were tobacco consumers. The prevalence of tobacco consumption was highest among the subjects belonging to the marital status of separated/ divorced/ widow/ widower group (86.5%) followed by married persons (70.2%). It was found to be lowest among unmarried persons (23.6%). The prevalence of tobacco consumption was highest among the subjects of three generation family (66.4%) followed by joint family (62.6%). (Fig 1) This difference was statistically significant.

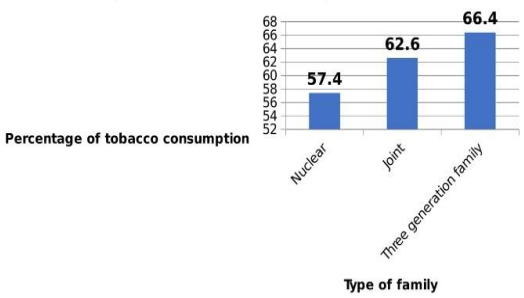

Fig. 1: Tobacco consumption by type of family

Out of 780 illiterate subjects, 609 (78.1%) were tobacco consumers and among Graduates/Post graduates only 23.1% were tobacco consumers. (Table 2) and the difference was found to be statistically significant. The tobacco consumption was found to be highest among Agricultural labors (71.7%) followed by housewife (63.4%) as they are all hard working and want relaxation in between (Table 3). The tobacco consumption was found to be lowest in Class I (38.9%) and highest in Class V (70.2%). The prevalence of tobacco consumption showed gradual increase from class I (Upper social class) to class V (poorer social class) (Table 4). It shows that as knowledge improves by education they will become more aware of it . As they are becoming literate their consumption of tobacco is decreasing and their socioeconomic status is improving. It was found that about 31% subjects were smoking less than 5 beedis /cigarettes/ chuttas per day. However 20.5% of the subjects consumed 20 or more beedis/ cigarettes etc, per day. About 32.1% of subjects used the chewing products less than 5 times per day, and 47.1% subjects used them for 10 times or more. There are so many beliefs and cultures and practices regarding tobacco consumption like their own culture and tradition, relaxation tension relief. Cure from tooth ache, overcome the thirst and hunger, getting extra energy ,influence of family members.(Table 5) Surprisingly women were consuming more especially house wife to work for a longer duration without food, and spending more on tobacco compare to men.

Table 1: Distribution Sociodemographic factors of subjects

Variables	No	Percentage
Sex		
Male	783	52.7%
Female	717	47.8%
Type of family		
Nuclear family	605	40.3
Joint family	580	38.7
Three generation family	315	21.0
Marital status		
Married	1093	72.9
Unmarried	318	21.2
Widow/ Widower	89	5.9
Educational status		

Secondary and above	505	33.7
Primary school	215	14.3
Illiterate	780	52.0
Occupational status		
Laborers	819	54.6
House wife	252	16.8
Students	222	14.8
Employers	24	1.6
Business	183	12.2
Socioeconomic status		
Class I	90	6.0
Class II	104	6.9
Class III	327	21.8
Class IV	512	34.1
Class V	467	31.1

Table 2: Educational status of subjects and prevalence of tobacco consumption

Educational status	Tobacco consumption among the subjects		Total (%)
	Yes (%)	No (%)	
Graduate or postgraduate	36 (23.1)	120 (76.9)	156 (100.0)
Intermediate or post high school diploma	13 (37.1)	22 (62.9)	35 (100.0)
High school	36 (37.5)	60 (62.5)	96(100.0)
Middle school	99(45.4)	119 (54.6)	218 (100.0)
Primary school	126 (58.6)	89 (41.4)	215 (100.0)
Illiterate	609 (78.1)	171 (21.9)	780 (100.0)
Total	**919 (61.3)**	**581 (38.7)**	**1500 (100.0)**

χ^2=151.1; df=5; p<0.001

Table 3: Occupations of the subjects and prevalence of tobacco consumption

Occupation	Tobacco consumption among the subjects		Total (%)
	Yes (%)	No (%)	
Agricultural Labour	488 (72.0)	190(28.0)	678 (100.0)
House wife	179 (71.0)	73 (29.0)	252 (100.0)
Agarabatti worker	64 (66.0)	33 (34.0)	97 (100.0)
Land owner	97 (63.4)	56 (36.6)	153 (100.0)
Stone cutter	23 (52.3)	21 (47.7)	44 (100.0)
Professional	5 (45.5)	6 (54.5)	11 (100.0)
Trader	12 (40.0)	18 (60.0)	30 (100.0)
Clerical	4 (30.8)	9 (69.2)	13 (100.0)
Student	47 (21.2)	175 (78.8)	222 (100.0)
Total	**919 (61.3)**	**581 (38.7)**	**1500 (100.0)**

χ^2=207.9; df=8; p<0.001

Table 4: Socio-economic status of the subjects and prevalence of tobacco consumption

Socio-economic status	Tobacco consumption among the subjects		Total (%)
	Yes (%)	No (%)	
Class I	35 (38.9)	55 (61.1)	90 (100.0)
Class II	50 (48.1)	54 (51.9)	104 (100.0)
Class III	175 (53.5)	152(46.5)	327 (10.0)
Class IV	331 (64.6)	181 (35.4)	512 (10.0)
Class V	328 (70.2)	181 (29.8)	467 (10.0)
Total	**919 (61.3)**	**581 (38.7)**	**1500 (100.0)**

χ^2=53.1; df=4; p<0.001

Table 5: Belief, attitude and practice for initiation of tobacco consumption.

S. No	Belief and practices for initiation of tobacco consumption	Tobacco consumers	Percentage
1.	Peer pressure	463	50.4
2.	Influence of family members	151	16.4
3.	Tobacco chewing produces salivation and so the subject does not feel thirsty	88	9.6
4.	Relaxation after work	64	7.0
5.	Relief from headache & toothache etc.	29	3.1
6.	Relief from tension	29	3.1
7.	*Other reasons	95	10.4
	Total	**919**	**100.0**

*Other *beliefs and practices include the following: curiosity, to overcome sleep during night duty, to get extra energy, to pass the time.*

Table 6: Gender wise prevalence of tobacco consumption

Gender	Tobacco consumption		Total (%) (N= 1500)
	Yes (%) (N= 919)	No (%) (N= 581)	
Male	409 (52.2)	374 (47.8)	783 (100.0)
Female	510 (71.1)	207 (28.9)	717 (100.0)

χ^2=56.3; p<0.001

It was observed that tobacco consumption was influenced by education of the subjects because of lack of knowledge and awareness. Among 780 illiterate subjects, 609 (78.1%) were tobacco consumers. Among the Graduates/Post graduates only 23.1% were tobacco consumers. By applying Chi-square test, the difference was found to be statistically significant.

Cultural factors: In the study population, there was a cultural practice. When a mother has delivered a baby, the relatives visit the house with taamboolam (betel leaves and areca nuts with tobacco), fruits, flowers and new dress materials. According to culture, mother should consume taamboolam. Adolescent girls in the house are also given taamboolam. This may be the reason for the higher consumption of tobacco among females

In the present study, males were 52.2% and females were 47.8%., most subjects (53.2%) were in the age group of 20-39 years. (52.0%) were illiterates. The current study has found that most subjects were agricultural labourers (45.2%). In the Ballabgarh study[4] a majority of the males were engaged in daily labour (50.2%)., most of the subjects belonged to lower social status, i.e., class IV (34.1%) and class V (31.1%).

In our study 1500 study subjects, 919 persons [61.3%] were consuming tobacco that is prevalence of tobacco consumption and, similar findings were reported by Sinha DN, et.al.[5] that is 63%. Tobacco chewing in our study was height 83.6% in women which is similar to study done at Bombay. Prakash C Gupta, et.al.[6] In our study chewing tobacco was very high 92%. In our study 78.1% tobacco users were illiterate and similar findings were reported by (Ansari ZA, Bano SN et.al.[8] In this study 71.7% were agriculture labourers were tobacco consumers compared to National Family Health Survey 2005-06 with similar findings by. Rooban T, et.al.[9] Tobacco usage is universally related to socioeconomic status in our study which was also found in NFHS-3 reports. Tobacco use was significantly higher in poor, less educated, and both among men and women in the present study, similar to National Family Health Survey-2 (1998) Rani M, Bonu S, et.al.[10]

In our study most common cause of tobacco consumption was peer pressure 50.4% which is similar to Dharwad[11] study found that the common reasons were peer pressure (54%)and The study in rural Wardha[12] found that the peer pressure was the commonest reason (47.3%). Tobacco use by parents or an elder sibling increases the likelihood that a child begins smoking. As an example, many Indian fathers and grandfathers frequently ask the boys to fetch beedis or cigarettes from a nearby shop or kiosk. By this way, children are often introduced to such products at early age. On the other hand, as an Indian tradition, younger individuals are not expected to smoke before elders. This is a paradox that the same elders who passively show the way to smoke do not approve of the same

behavior in their presence. Study done at Dharwad.[11] Influence of parents or other family members (26.0%). Where as it is 16.4% in our study. Chandigarh study[13] found that tobacco use is mainly for relief from tension (3.0%) which is similar to our study findings. In the Chandigarh study.[13] the common reasons noted for initiation of tobacco use were peer pressure (81.5%), curiosity (64.5%) and relief from tension (3.0%). The most common reasons for continuation of tobacco consumption included relief from pain (51.4%) and relief from tension (17.1%). A cross sectional study in Sikkim[14] found that 50% of the users and 17.6% of the non-users had wrong belief that there is a benefit from tobacco use by way of relief from stress, toothache and constipation etc. A study in Allahabad[15] has noted many reasons for continuation of tobacco use among the subjects and the common reason was improvement of bowel movements (73.0%). The study shows that tobacco consumption is more common among three generation families, illiterates agricultural labourers, house wife and lower socioeconomic people. It also reported the age to initiation of tobacco usage is very early. People will believe that tobacco releases tention, toothache, gives extra energy to work, helps to overcome bad breath hunger and, thirst. They believe that it helps them to keep alert while driving and during, night duties. Elderly people like grannies will not allow the mother to drink plenty of water immediately after delivery because newborn will suffer with pain abdomen. So they will give mother to chew tobacco with betal nut to overcome the thirst. They accept tobacco usage as their culture but not alcohol intake. It shows that they are literally not aware of the dangers of tobacco consumption and its consequences. They are blindly following their peers, families because of their illiteracy, ignorance and lack of knowledge, wrong belief, attitude, practices and misconception. So it is very much essential to create awareness and change their behavior to prevent the tobacco consumption.

Conclusions and Suggestions

The study has found a high prevalence of tobacco use (61.3%). Hence community based smoking cessation activities need to be conducted in this region to explain the adverse effects of tobacco consumption. The present study has found the initiation of tobacco use before 20 years of age in most subjects. Hence attention should be focused on the younger age group subjects like school age children and adolescents to control & prevent the tobacco use. The common beliefs, attitude and practices for starting tobacco use found in this present study were peer pressure, influence of family members or relatives. Hence focused group discussions should be held in the target group so that the tobacco users may quit the habit and non-users do not take up the habit. In the present study, it was found that there were certain strong belief and practices that tobacco is helpful in relieving pain, tension etc. This is mainly because of their knowledge, they are not aware of dangers of tobacco consumption they practicing it as their culture and tradition, They think that nothing wrong in it so the children also starting the tobacco use in their early age, believing that it is not a bad habit. Hence, health education to improve their knowledge regarding side effect, motivating them to quit the tobacco by creating the awareness is must and behavior change communication are the important preventive measures to reduce the burden of tobacco consumption. Medical and paramedical workers should be involved in the eradication of misconceptions regarding tobacco consumption. In this connection, the help from local and community leaders including celebrities may be taken and all types of media may be used. Last but not the least legislative measures are must.

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