Original Article

Prevalence of Tobacco Usage in Young Urban Indian Males: A Survey

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Abstract

Aim of the Study: The aim of this study was to find out the prevalence of use of tobacco in smoking form among young males. **Methodology:** One hundred Indian subjects (young males) between 15 and 40 years of age were given a questionnaire to carry out a study. **Results:** Among 68 tobacco users, there were 13, 25 and 30 people in the age group of 15-20, 21-30 and 31 – 40 year respectively. **Conclusion:** A study was done in 100 young males in urban Indian subjects to assess the prevalence of tobacco usage. Among young males, smoking habit is more prevalent than chewing tobacco usage.

Keywords: Prevalence of smoking, smoking form, tobacco

INTRODUCTION

Tobacco use is the single largest cause of disease and premature death in the world. Being the only consumer product which kills one-half of its regular users, tobacco is directly responsible for 5.4 million deaths annually. In India, tobacco is responsible for over 8 lakhs deaths each year.[1] Versatility of tobacco in terms of varieties of tobacco grown and methods of tobacco use across world has significantly contributed to the popularity of tobacco habit. In India, a wide spectrum of tobacco habits are observed.[2]

Tobacco is one of the most important causes of disability, suffering, and premature death. The health consequences of tobacco use, especially cigarette smoking, have been studied extensively in many parts of the world.[3] India is one of the biggest tobacco markets in the world, ranking third in total tobacco consumption behind only the markets of China and the United States.[4]

Tobacco is grown in over 125 countries on over 4 million hectares of land, a third of which is in China alone. India is the world's second-largest producer of tobacco and also the second-largest consumer of unmanufactured tobacco. Tobacco contributes substantially to the economies of tobacco-producing country including India.[5] From a leaf used initially as a medicine and intoxicant, tobacco has become a golden leaf reaping money for the producer and government. Cigarettes, which are the major consumption category in other parts of the world, occupy the third place in India.[6]

The prevalence patterns of tobacco use differ across the world according to the sociocultural background, gender, economic status, population group, social norms and belief, and occupation of the people.[7]

Ill effects/health consequences of tobacco on heart and blood vessel are atherosclerosis, coronary heart disease, cerebrovascular diseases, peripheral vascular disease, erectile dysfunction, cancers of bladder, cervix, esophagus, kidney, larynx, lung, oral cavity, pharynx, pancreas, stomach, and leukemia. Respiratory diseases caused are chronic obstructive pulmonary disease, acute respiratory illness, decreased physical fitness, and potential retardation in the rate of lung growth and the level of maximum lung function among adolescents, acceleration of age-related decline in lung function among adults, increased cough, phlegm production, wheezing, and respiratory infections, reproductive effects like fetal death, stillbirth, delayed conception (primary and secondary,

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infertility), low birth weight–fetal growth restriction, preterm delivery, pregnancy complications – premature rupture of membranes, abruption placentae, and other effects are cataract, diminished health status, adverse surgical outcomes, periodontitis, low bone density among postmenstrual women, peptic ulcer disease.[8]

Hence, the study aims at finding out the prevalence of tobacco use (smoking form) in young males.

METHODOLOGY

One hundred Indian subjects (young males) of 15–40 years of age were selected from various localities of Pammal, Pallavaram, in Tamil Nadu state for the study. Population group belonged to middle- and low-income groups. They are divided into three age groups, namely 15–20 years, 21–30 years, and 31–40 years, respectively. Data regarding to the prevalence of tobacco use (smoking form) among young males were collected by providing questionnaire to the subjects.
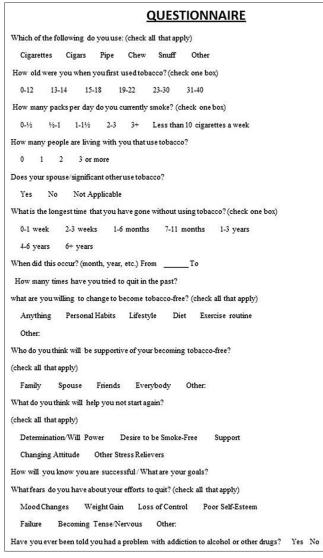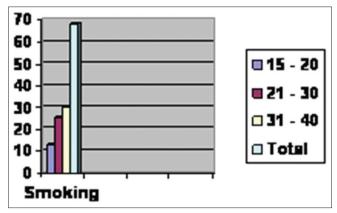

Figure 1: Questionnaire to assess tobacco use among respondents

Questionnaire [Figure 1] was distributed among the age group of 15–40 years which included question regarding the type of smoking form of tobacco used by the subjects such as cigarettes, cigars, and pipe. To know the first instance of smoking habit like the age at which they started smoking and to assess the addiction/severity of smoking habit, the amount of smoking tobacco like number of packets per day was also recorded. To know the history of getting into habit of smoking like how they developed this habit, the number of people (friends or family members) around them with smoking habit was also noted down. To know the determination/ self control of quitting the smoking habit, the duration of time like how many weeks or months they are able to have a complete abstinence from smoking were recorded if they able to do this then the time period is noted. To record the changes that they want to make in quitting process like their personal habits, lifestyle, diet, exercise and any other changes of their own was included in the questionnaire. To know who will help them in quitting the habit, choices such as family, spouse, friends, and everybody were recorded from them. To avoid relapse of the smoking habit, their idea of which will help in not getting into the habit again was assessed by asking which will help them – determination, desire to smoke free life, support, changing attitude, and stress relievers. To have an idea from the subjects about how will they feel after the quitting the habit like any mood changes, fear of weight gain, loss of control, poor self esteem, failure and nervousness was asked from them. Any link of smoking with other habits like alcohol was also recorded. Finally, the overall prevalence of smoking form of tobacco was studied.

Table 1: Distribution of tobacco usage (smoking form) among youths (male)

Age group	Smoking	Total (%)
15-20	13	19.12
21-30	25	36.76
31-40	30	44.12
Total	68	

Graph 1: Distribution of tobacco usage (smoking form) among youths (male)

RESULTS

The total number of subjects who participated in the study was 100. The overall prevalence rate of tobacco usage was found to be 68. Out of 68 users, 13 subjects belong to the age group of 15–20 years, 25 subjects belong to the age group of 21–30 years, and 30 subjects belong to the age group of 31–40 years, as shown in Table 1 and Graph 1.

DISCUSSION

In India, the National Sample Survey Organization (NSSO) has been conducting surveys since 1950–51. The age of the respondents was 15 years and above. The major findings were as follows: 51.3% of males are regular users of tobacco. The National Family Health Survey (NFHS), in its second survey (1998–99), showed that 46.5% of males are regular tobacco users. Another survey conducted by NSSO showed that 35.3% of males are regular smokers. According to NFHS survey, 29.3% of males are regular smokers.

A study conducted on prevalence of tobacco usage in rural population in Tamil Nadu showed the total prevalence rate of tobacco users as 65 subjects and tobacco usage in smoking form it was 12 subjects in 15–20 years of age group and 30 subjects in the age group of 21–40 years.[9]

In the present study that was conducted among 100 subjects were divided into 3 age groups of 15–20 years, 21–30 years, and 31–40 years. The total prevalence of smoking habit was 68 subjects and smoking form of tobacco was used in 13 subjects among the age group of 15–20 years and 25 subjects among the age group of 21–30 years. The previous studies show a close correlation with the present study pertaining to the number of subjects using tobacco products (smoking form) among the age group of 15–20 and 21–30 years.

Tobacco use is a major risk factor for acute periodontitis. The risk of disease attributed to smoking appears to override any genetic susceptibility or resistance to disease. For patients who smoke, preventive strategies must address the overwhelming environmental factor: tobacco use. It also is possible that new treatment strategies will be developed to directly counter the deleterious effects of certain risk allele(s).[10] Tobacco smoking is the primary risk factor in chronic obstructive pulmonary disease.[11] A direct relationship exists between smoking and the prevalence of periodontal disease. This association is independent of other factors such as oral hygiene or age. Studies comparing the response to periodontal therapy in smokers, previous smokers, and nonsmokers have shown that smoking has a negative impact on the response to the therapy. However, former smokers respond similarly to nonsmokers. These studies demonstrate the impact intervention strategies can have in patients who smoke.[12]

The US Surgeon General's Report 2004 reports that smoking harms almost every organ of the body, causing many diseases and reducing the health of smokers in general. Globally tobacco is responsible for the death of 1 in 10 adults (about 5 million deaths each year), with 2.41 million deaths in developing countries and 2.43 million in developed countries. Among these, 3.84 million deaths were in men. The leading cause of death from smoking was found to be cardiovascular diseases (1.69 million deaths), chronic obstructive pulmonary disease (0.97 million deaths), and lung cancer (0.85 million deaths). Fifty percent of preventable deaths due to tobacco occur during productive year of one's life, i.e., middle age (35–69 years), robbing around 22 years of normal life expectancy.[13] Studies have shown that persons whose partners smoke have a 20%–30% greater risk of developing lung cancer than whose partners do not smoke.[14]

India is the second-largest country in the world with a billion-plus population and the second-largest producer and consumer of tobacco. Deaths due to tobacco are expected to rise dramatically in many developing nations of the world in the next two decades. WHO estimated that the proportion of deaths due to tobacco will rise in India from 1.4% of all deaths in 1990 to 13.3% of all deaths in 2020.[15]

Tobacco is used by the youth all over India with a wide range of variation among states.[16]

CONCLUSION

The present study reveals that the prevalence of tobacco usage is more in the age group that is going to form the future generation and awareness of ill effects of tobacco among them is less requiring immediate solutions like awareness campaigns and motivating lectures among all levels to quit using tobacco and particularly important at the school level so that the first instant of tobacco usage itself can be prevented. Patients should be helped to relieve all problems leading to tobacco use.

Thorough screening of people is also required to know about the prevalence of tobacco-related diseases, so that these diseases can be cured and explained to the patient and that itself can provide patient awareness and confidence to go for a tobacco-free life thereafter. Among young males, smoking habit is more prevalent than chewing tobacco usage. Since the present study involved only a small sample of population, a wider study including larger sample size in different localities is needed to assess the exact prevalence and awareness about tobacco usage.

Conflicts of interest
There are no conflicts of interest.

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