Chapter III
Tobacco use among School Students:
A Literature Review
The impacts caused by tobacco extend beyond the well-reported links with cancer, heart disease and respiratory illnesses. It can also cause family breakdown, low self esteem, poor social relationship, impotence, ulcers and fertility problems and it does not harm only smokers. Passive smoking causes lung cancer, glue ear, asthma in children and is linked to death. The review of literature showed that most of the researches talk about the consumption of tobacco and its influence on cancer and other related diseases. However there are few studies (Kandel, 2002; Gupta, 2004; Singh, 2004 & Kumar, 2008) which cover social and psychosocial factors of tobacco consumption and its effects on people. These studies revealed that tobacco not only harms the individual but also the family, community and the whole society.

Literature review also shows that majority of the research studies focus on tobacco consumption among adults as the impact of tobacco is visible only in adulthood. However, studies conducted by Krishna, Ramaswamy & Trivedi, (1993); Gupta, (2005) and Chaturvedi, (2009) found that the initiation of tobacco starts at an early stage (14-18 years) therefore for the prevention and control of this social evil it is important to understand the magnitude of the problem in the young age group.

In this chapter attempt has been made to review tobacco consumption among school students in India as well as other western countries to understand the present scenario. Here, those studies which are more relevant to the social and other factors related to tobacco consumption are being covered. The period wise studies specific on the student population are as follows:

3.1 INTERNATIONAL SCENARIO

Studies’ pertaining to tobacco use shows that tobacco consumption has been a problem since time immemorial not only in India but in every part of the world. The studies in this section have been placed into different categories, namely, (1)
prevalence of tobacco use among children in developed countries, (2) prevalence of tobacco use among children in developing countries and (3) tobacco control in developed and developing countries.

3.1.2 An Overview on the Prevalence of Tobacco Use among Children in Developed Countries

The initiation of tobacco starts at a much younger age in developed countries than in developing countries. According to a survey (WHO, 1977) on 11 to 15 year-old school children of European, Russian and Scandinavian countries, the rates for tobacco experimentation were found at the ages of 9-11 years. Regular smoking was found in every country between the ages of 13 - 15 years, but in some countries this was also the case between ages 11 and 13 years. For example, both Northern Irish and Welsh data illustrate a 1% rate at age 11 years, a 9% rate at age 13 years and a 23% rate at the age of 15 years. These daily smoking data also illustrate inter country differences. This was most striking amongst 15 year-old girls, where the rates range between 6% in Lithuania to 56% in Greenland. Interestingly, girls in Greenland report more daily smoking than boys in all the three age groups.

Another cross-sectional school-based survey (Aleaz, 2001) reported in London that 41.4% of students had tried smoking in the 6th class, with prevalence increasing from 21% in class 6th to 60% in class 12th. Smokeless tobacco was reported by 19.3% students, with prevalence increasing from 12% in class 6th to 29% in class 12th. The prevalence of regular use of smokeless tobacco was one-third that of cigarette smoking, 4% (n=21) and 12% (n=66) respectively. Smoking initiation began as early as kindergarten, with 16% initiating by 4th grade and 43% initiating by 6th grade in London. Smokeless tobacco initiation began as early as second grade, with 11% having tried chewing tobacco by 4th grade and 33% by 6th grade. The study concluded that initiation of smoking and smokeless tobacco use began in early elementary school of rural areas of London and stated that there was a need for tobacco prevention strategies in early elementary school which would address both smoking and smokeless tobacco use.
A study by James (1998) assessed the prevalence and correlates of tobacco use among high school students (3909 children of 8th and 11th graders) of public and private schools in Buenos Aires, Argentina. The study revealed that among 8th and 11th graders, 20% and 43%, respectively, were classified as current smokers. Overall, 29% of males and 32% of females were found to be current smokers. Students attending public schools were more likely to smoke than those in private schools. Current smoking was associated with having a best friend who smokes, reporting that more than 50% of friends of the same sex smoke, having positive attitudes and beliefs toward smoking, and having a positive intention to smoke within the next year. The study concluded that over 20% of the 8th graders in the sample were current smokers and the use of tobacco mind-altering chemicals had deleterious effects on school performance. Students under the influence of tobacco were not ready to learn and were at risk of long-term impairment of cognitive ability and memory. On the other hand, in Sweden, a survey (Swedish Council for information on alcohol and other drugs, 2003) reported that snuff use was the most common form of tobacco use among school students. This survey shows that about 20% of Swedish boys use tobacco regularly, as do boys in other European countries. However, specific patterns of tobacco use differ strikingly because Swedish boys consume more snuff as compared to the European boys. In contrast, the prevalence of smoking among girls is almost 2.5 times that of boys in Sweden. The study shows that Swedish parental tobacco use influences tobacco use among children. For example, boys whose father used snuff were three times more likely to use snuff compared to boys whose fathers were tobacco-free. Similarly, mothers’ smoking was associated with smoking in their children. The study revealed that tobacco in the form of snuff was a major problem among school children rather than cigarette smoking.

The above studies show that prevalence of tobacco consumption has become a major problem in almost every part of the world. However the prevalence rates are different from country to country.
3.1.3 Prevalence of Tobacco in Developing Countries

Basic epidemiological information is lacking in many developing countries, some of which have still not undertaken a national survey. Of those that have, few reliable or country-wide surveys were done earlier than 10 years ago, so that information on trends is scanty. In general, patterns of tobacco are different in developing and developed countries: more men (50-60%) but fewer women (2-10%) used tobacco in developing countries compared with developed countries, where approximately 25-30% of both men and women smoke (Mackay, 2006).

Girls in developing countries start smoking later than boys as smoking has been considered socially unacceptable for women (with exceptions in certain areas of India, Nepal, Papua New Guinea, northern Thailand, and for Maoris). There may be religious constraints, for example in Muslim countries women have had less spending power than men to buy cigarettes; rural women adhere to traditional methods of smoking, e.g. hubble-bubble pipes, and are therefore exposed to a lower dosage of tobacco; and in some areas, such as parts of India and the Middle East, women use tobacco in other forms, such as chewing tobacco (Subramanian, 2004). There may be significant underreporting of smoking among women in countries where it is culturally less acceptable for women to smoke.

In South Africa because of poverty many smokers can only afford a few cigarettes per day. Even in Asia, smokers smoke on an average fewer cigarettes than in western countries. For example, smokers in China smoke an average of 11-15 cigarettes daily. In many areas of India, while only 3% of women smoke manufactured cigarettes, 50-60% chews tobacco. In the eastern Mediterranean, approximately 40-50% of men smoke, but smoking by eastern Mediterranean women is often considered to be vulgar and improper even immoral. Female smoking is still low but is increasing among professionals in the Middle East and North African region (James, 1998). In Israel, a study (Varsano, et al., 2003) on tobacco smoking via a water-pipe among school students reported that 41% smoke a water-pipe at various frequencies and 22% smoke at least every weekend. The study found that water-pipe smoking was 3 times more frequent than cigarette smoking. Surprisingly it found that girls were heavier smokers
than boys, of either water pipe or cigarette smoking. The main reasons for water-pipe smoking were the pleasure achieved and the intimacy that it adds to the youngsters' meetings. Thirty percent of all the school students believed that water-pipe smoking is not healthy, but at least 70% believed it was less harmful than cigarettes. According to regular users, 40% of their parents were current or ex-smokers of water-pipes, in contrast with 10% of parents of non-smoking students and about a quarter of the students who smoke also do so together with their parents. The study shows that tobacco smoking via water-pipes was a very common phenomenon among middle and high school students in Israel. School students and their parents perceive that tobacco smoking via water-pipe was much safer than cigarette smoking. Tobacco got the social sanction in Muslim countries which could be one of the major reasons for high prevalence of tobacco use in Israel (Beenstocka, 2002).

A cross-sectional survey was carried out in two cities of western Nepal during January-March, 2007 (Niraula, 2004 & Chandrashekhar, 2007). A pre-tested, anonymous, self-administered questionnaire (in Nepali) adapted from Global Youth Tobacco Survey (GYTS) and a World Bank study was administered to a representative sample of 1600 students selected from 13 junior colleges by two-stage stratified random sampling. The study found that overall prevalence of 'ever users' of tobacco products was 13.9%. Prevalence among boys and girls was 20.5% and 2.9% respectively. Prevalence of 'current users' was 10.2% (cigarette smoking: 9.4%, smokeless products: 6.5%, and both forms: 5.7%). Median age at initiation of cigarette smoking and chewable tobacco was 16 and 15 years respectively. Among the current cigarette smokers, 58.7% (88/150) were smoking at least one cigarette per day. Most (67.8%) 'Current users' purchased tobacco products by themselves from stores or got them from friends. Most of them (66.7%) smoked in tea stalls or restaurants followed by other public places (13.2%). The average daily expenditure was 20 Nepalese rupees (~0.3 USD) and most (59%) students reported of having adequate money to buy tobacco products. Majority (82%) of the students were exposed to tobacco advertisements through magazines/newspapers, and advertising hoardings during a period of 30 days prior to survey. The correlates of tobacco use were: age, gender, household asset score and knowledge about health risks, family
members, teachers and friends using tobacco products, and purchasing tobacco products for family members.

World Bank estimates that tobacco is the nation’s second biggest business and the second largest expenditure among the country’s poor. In 2009, Stephen Block and Patrick Webb, professors at Tufts University, have linked tobacco use in developing countries to malnutrition in children. The study found that in Indonesia, where 18 percent of the population lives below poverty line, the smoking rate is approximately 3 percent for women and 60 percent for men and that households of non smokers spend on an average 75 percent of their budget on food, whereas households in which at least one person smokes allocate 58 percent of their budget to food and 17 percent to cigarettes. This suggests that 20 percent of the expenditures on tobacco products are financed by a reduction in food expenditure. Households with smokers allocate a larger portion of their food budget to rice, a low-nutrient food, whereas the non smokers spend more on high-quality foods, like meats and vegetables, 2.1 per cent on health and 1.8 per cent on education. The fact that households with smokers were dedicating a very large amount of money on tobacco has serious welfare implications for the rest of their family. The study found that the average height among preschool children living with smokers is slightly lower than that of children of non smoking households, which suggests that the decreased food expenditure in smoking households negatively impacts children’s health.

3.1.4 Tobacco Control in Developed and Developing Countries

A study on prices and cigarette demand: evidence from youth tobacco use in developing countries was done by Deliana Kostova, Hana Ross, Evan Blecher and Sara Markowitz in 2010. This study estimated the impact of cigarette prices on youth smoking in lower-income countries (Africa, Europe, Americas, Southeast Asia, Middle East, and Western Pacific) in various years from 1999 to 2006. The study examined prevalence, access, media exposure and attitudes related to tobacco use among individuals in school graders corresponding to ages 13 year to 15 years. It found that cigarette price is an important determinant of both smoking participation and conditional demand. It also shows that anti-tobacco media campaigns may be effective in reducing both participation and intensity.
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Nelson, (2006) did a survey to examine the effect of advertising bans on the prevalence of youth smoking in 24 developed and 42 developing countries using survey-based data obtained from the World Health Organization for youth between the ages of 13 and 15 years. The survey focussed on policy variables like advertising bans, health warnings, antismoking messages, ban on sales to minors, and prices; another variable was socio-economic conditions, such as, income, health care spending, urbanization, religion, gender; and social environment which included peers’ smoking, school classes on smoking dangers, ability to buy smokes from stores. The survey found that several variables emerge as important determinants of smoking outcomes among youth, but advertising bans are never statistically significant. For the developed countries, higher cigarette prices and greater health care spending have negative effects on youth smoking prevalence. Urbanization also has a negative effect on the ever-smoked prevalence for both boys and girls. Girls with a strong liking for school are less likely to smoke, although the same is not true for boys. In developing countries, regardless of the severity advertising bans are not an important factor. Policy variables of greater importance include ban on sales to minors, health care spending and school classes on the dangers of smoking, which are associated with reduced smoking prevalence among youth. Ease of purchase from stores is also important, especially for girls. Higher incomes reduce smoking in developing countries, but urbanization has a positive effect. Smoking by peers is especially important in developing countries. The results suggest a very limited ability of advertising bans to alter youth misperceptions of smoking prevalence among peers, at least for the age group in question. On the other hand, various results in this survey suggest that school classes and other education efforts could be effective as a means to improve youth risk perceptions.

A national survey in Scotland (Luckstad, 2000) reported 39% reduction in smoking after the introduction of smoke-free legislation. The study concluded that the Scottish smoke-free legislation has reduced exposure to secondhand smoke among young people and has had a positive short term impact on young people's health, but further efforts are needed to promote both smoke-free homes and smoking cessation.
3.2. NATIONAL SCENARIO

In this section an attempt has been made to understand the prevalence and pattern of tobacco use among school students from last two decades to the present in the Indian context. The studies have been classified under different categories, namely, (1) the prevalence of tobacco consumption among students (2) influencing factor and the reason(s) of initiation (3) source of tobacco product (4) pattern of tobacco use (5) age of initiation of tobacco use and the mean age of tobacco users (6) effect of tobacco advertising on young people (7) tobacco use among school teachers / personnel.

3.2.1 Prevalence of Tobacco Consumption among Students

In India, the prevalence of tobacco use among children varied from time to time. It was found that studies conducted in the 1980’s (Gupta et al., 1986 & Gupta et al., 1988) mentioned that cannabis was the most popular drug which was consumed by 92% young population (14-40 years) and only 10% consumed tobacco. The studies showed that at that period of time “cannabis” was the most commonly used drug among adults as well as the young population (14 to 18 years). The work done after 1987 (Mohan et al., 1987 & Vaidya et al., 1989) found that tobacco consumption was prevalent among 22% boys and 13% girls. Soon it was found that tobacco consumption was becoming a major problem in India. During 1998-2000 the studies (Gupta et al., 1998 & Madan et al., 2000) revealed that substantial proportion of young population of India had become current or past smokers with higher prevalence among boys (35%) than girls (22%). The researchers found that the proportion of boys using tobacco (including experimenters) was significantly higher in private English medium schools (22.5%) than in private Indian language schools (6.9%) or municipal Indian language schools (13.8%). Subsequent studies done by Kotwal, (2004); Singh, Kapil, Mehta et. al., (2005) reported high prevalence of tobacco among boys i.e. 60% and 20% among girls.

In 2005, an international initiative-Global Youth Tobacco Survey (GYTS) was conducted to investigate the tobacco use in school going children of 13 to 15 years of age. This report showed prevalence of tobacco consumption in all most each state of India. The study sample consisted of 9319 students out of the total eligible population
of 30488 from 100 schools. It found that the prevalence of ever-user of tobacco varied between 2.9% to 8.5% in boys and 1.5% to 9.8% in girls. The prevalence was highest in Chandigarh and lowest in Punjab. The current tobacco use (any product) was 63% in Nagaland to 36.1% in Assam. Current smokeless tobacco use ranged from 49.9% in Nagaland to 25.3% in Assam. Mizoram reported the highest current smoking 34.5%, (mainly cigarette) and Assam reported the lowest 19.7%, (again mainly cigarette). The study found that tobacco use was very high, even among girls, in all eight states in the North-eastern part of India. It revealed that tobacco consumption has become major problem among young generation irrespective of sex, region and culture. The study conducted by Bhojani et al., (2009) shows prevalence of 15.7% for ever use and 5.3% for current tobacco use in Bangalore. Smoking appeared to be the predominant form of tobacco use for both ever users and current users. Among current tobacco users 87.5% were smokers compared with 6.3% who were tobacco chewers; while 6.3% were using both forms of tobacco. In Chennai city, Madan et al. (2006) found that the current users of tobacco (any products) were 41.1% of the students. Prevalence was more among boy students (46.3%) when compared to that of girl students (31.6%). There existed no significant difference between current users of tobacco based on the zones of the school. Tobacco user’s prevalence was found more in corporation schools when compared to that of private schools. Recently a study (Narain et al., 2011) done on tobacco use among 4786 students of class 7 – 12 (age 11 to 19 years) studying in different private and government schools of Noida city, Uttar Pradesh reported prevalence of regular use of tobacco among 537 (11.2%) students; 419 (8.8%) were ‘ever smokers (including current smokers)’ 219 (4.6%) were ‘ever tobacco chewers (including current chewers)’, 179 (3.7%) were ‘exclusive smokers’ and 118 (2.5%) were ‘exclusive tobacco chewers’. The mean age of initiation of these habits was around 12.4 yr. More than 50 per cent of tobacco chewers reported use of khaini at least once. Nearly 70 per cent of boys and 80 per cent of girls ≤ 15 yr initiated the habit of tobacco before the age of 11 year. A significant early uptake of tobacco chewing was reported from private school students as compared to government school students (P<0.05).
3.2.2 Influencing Factors and Reasons of Tobacco Consumption among Students

Studies show the influencing factors of tobacco use among students changing time wise. Earlier (Aghi, 1982) peer pressure and parental addiction were found to be important factors determining the use of tobacco by students. From 1991 onwards the studies (Jayant, 1991; AIIMS, 2000; Sinha et al., 2003 & Mukherje & Hadye, 2006) revealed that along with parental and friend addiction, media and stress are also one of the important factors for tobacco use by students. Studies also showed significant association between gender, type of school, risk taking attitude and use of tobacco. Few studies (Muttappallymyalil et al., 2010 & Bhojani et al., 2009) also reported the dynamics of tobacco use in urban and rural areas. These studies reported that in urban areas the young often smoke because their peers smoke. Their most common reason was their film hero who smokes. In the rural areas many people were unaware of the hazards of smoking. Tobacco was believed to be able to cure toothache. Advertisements relating to harmful effects of cigarettes were not to be found in the villages, nor were the health warnings against tobacco use. A bundle of beedi does not have any warning. Young rural boys often take to smoking to appear modern, open minded, tough and smart and often to show that they are educated. Students generally believed that tobacco gives relief from gas, stomach acidity, headache and indigestion. Young boys who work in agriculture begin smoking because others are smoking and local employers in shops give beedi to young boys to attract them to work in their shops. Gossip groups, commonly seen in rural areas, are conducive to smoking. Recent studies (UCMS, 2010 & Narain et al., 2011) also pointed out that tobacco use by adolescents had strong association with their having seen various role models being tobacco user like film heroes, politicians, teachers, etc.

3.2.3 Source of Tobacco Product

The studies (Kotwal & Thakur, 2003; AIIMS, 2000; Singh, 2006 & Narain et al., 2011) found that nearly 80% students freely purchased tobacco products from shops located nearer their school and home, some students, due to parents addiction, found tobacco products in their own homes and few borrowed from friends or relatives.
3.2.4 Pattern of Tobacco among Students

The studies show time and place wise pattern of tobacco consumption among students. Before 1990 studies (Mohan et al., 1987) mentioned “mishri” and “creamy snuff” was the most common form of tobacco in almost all parts of India. Studies conducted from 1991 onwards (Jayant, 1991; AIIMS, 2000; Kumar et al., 2006) reported cigarette as the most common form of tobacco among students in the metropolitan cities. Whereas place like Bihar and Uttar Pradesh (Kotwal & Thakur, 2003; Sinha, & Gupta, 2004) found maximum consumption of smokeless tobacco in the form of red tooth powder (77%), followed by Khaini (57.1%) and (41.3%) toothpowder and in smoke form, beedi smoking was found most common among both girls and boys.

3.2.5 Age of Initiation of Tobacco Use

On the age at initiation and prevalence of tobacco use among school children study was conducted in Noida, India by Narain et al., (2011). The study was undertaken to assess the prevalence of tobacco habits among school children, determine the age of initiation of these habits, and compare the age of initiation between students who were less than 15 and above 15 years of age. Data on tobacco use were collected from 4786 students of class 7 to 12 (age: 11-19 yr) studying in different private and government schools of Noida through cluster and random sampling using a self-administered questionnaire. The result showed that any kind of tobacco use was found among 537 (11.2%) students; 419 (8.8%) were ever smokers (including current smokers), 219 (4.6%) were ever tobacco chewers (including current chewers), 179 (3.7%) were exclusive smokers and 118 (2.5%) were exclusive tobacco chewers. The mean age of initiation of these habits was around 12.4 years. More than 50 per cent of tobacco chewers reported use of khaini at least once. Nearly 70 per cent of boys and 80 per cent of girls of 15 years initiated the habit of tobacco before the age of 11 years. A significant early uptake of tobacco chewing was reported from private school students as compared to government school students (P<0.05). Other studies (Jayant, 1991; Muttappallymyalil et al., 2007 & Mukherjee & Hadaye, 2006) revealed that the mean age of both smoke and smokeless form of tobacco users was 14-16 years. The initiation of tobacco starts at the age of 12-14 years in both the
forms except north east states, where initiation of tobacco was reported at the age of 10 years (Sinha et al., 2003; Mukherje, & Hadye, 2006 & Kumar et al., 2006).

3.2.6 Affects of Tobacco Advertising on Young People

An Indian study (Kotwal & Thakur, 2004) showed very high exposure of children to tobacco product advertisements. In Uttar Pradesh, 8 in every 10 boys and girls saw a tobacco product (cigarette or gutka) advertisement on billboards and 6 in every 10 saw such advertisements in other media. One in every 5 students was offered free cigarettes from a tobacco company representative. Six out of every 10 students in Uttar Pradesh said they saw cigarette advertisements on TV, in the newspapers and at social events (James, 1998). Current cigarette smokers are significantly more likely than never-users to report watching cigarette advertisements in the print media, including newspapers. Current cigarette smokers were 12 times more likely than never-users to report being offered free cigarette samples by a tobacco company. Even exposure to gutka / paan masala advertisements on billboards was reported to be very high (Gupta & Pendnekar, 2005).

Another study (Mukherjee & Hadye, 2006) in Madhya Pardesh, shows that over half of the students (53%) have seen several beedi advertisements on billboards and nearly one-third saw them at social events (31.1%). Current beedi smokers (69.7%) were significantly more likely than never-users (36.1%) to report watching beedi advertisements at social gatherings. The study concluded that to achieve an impact on tobacco consumption by the youth, measures such as increased health education should be combined with a ban on advertising. A combination of an increase in tobacco prices and a complete ban on advertising has proved to be more effective than either measure on its own.

3.2.7 Tobacco Use among School Teachers / Personnel

School personnel are role models for students, youth and public. If they are tobacco users then there is possibility that tobacco use could be high among the school children. The Global School Personnel Survey (GSPS) conducted in 6 regions of India in 2006 documents that prevalence of tobacco use among school personnel is pretty high in India. Based on thirty schools selected from each region it was found
that over three in 10 male and over one in 10 female school personnel are current tobacco users in India.

The GSPS, carried out in 2000 in Bihar, showed that 74.6% of the 502 male school personnel interviewed and 57% of the 430 female personnel interviewed said they were tobacco users. The break-up by type of tobacco use was smoking: 47.4% of men (cigarette smoking: 40.5%) and 31.0% of women (cigarette smoking: 26.9%). Some 58.7% of men and 53.4% of women said they used smokeless products. The GSPS was also conducted in eight north-eastern states of India during January-March 2001. In the northeastern states and Bihar, tobacco use among adults and school teachers was found to be high and so is the current tobacco use prevalence among students 13–15 years of age found to be very high compared to other states. In the north-eastern states prevalence of beedi smoking varied from 10% to 40% among school personnel. In four of the states (Assam, Nagaland, Manipur and Mizoram) cigarette smoking predominated, while in four other states (Arunachal Pradesh, Sikkim, Meghalaya and Tripura) beedi smoking predominated. Other forms of smoking were also found in the region, like kamchung (a small pipe) smoking in 6 states and hookah smoking as well as marijuana smoking with tobacco. Over 80% of tobacco users in these states showed that they received help from someone within the community (James, 1998).

The results based on an anonymous self administered questionnaires has dispelled the myth that tobacco use is a taboo among middle class women and girls in India. The findings revealed nearly 10% of girl students and over 10% of female school personnel reported to be current tobacco users. This social change is likely to be due to several factors such as female emancipation and role modeling from western media. Another study in Orissa done on tobacco use among school personnel found very high prevalence of tobacco use among school teachers of Orissa. Current smoking (28.1%) as well as smokeless tobacco use was (67.7%) which is high by any global standards. Current smokeless tobacco use (68%) and smoking (36.5%) among male school personnel was also high. Although tobacco use by school personnel is socially not acceptable yet prevalence of smoking and smokeless tobacco use among school personnel was higher than the general population in Orissa. Over 60% of the school personnel reported that there was no policy on prohibiting tobacco use; either
for students or for school personnel. However, with the enactment of “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003” which is applicable throughout India there is greater possibility of having a comprehensive tobacco control policy in schools of Orissa which will help in reducing tobacco use among school personnel and students.

The GYTS (2000) revealed that those states which teach danger of tobacco use in their school curriculum have a low prevalence of tobacco use among students. The state of Bihar which has 59% of students who are tobacco users has only 3% content in their school curriculum on dangers of tobacco use whereas Punjab has 75% content in their school curriculum on dangers of tobacco use because of which prevalence of tobacco use among students is only 3 percent. This clearly substantiates that school curriculum should have adequate content on the dangers of tobacco use to prevent students from falling prey to tobacco use.

A special striking feature was the lack of teaching material and training for teachers regarding tobacco legislation. There is evidence that those central government schools that adopted tobacco control policies had a low prevalence of current tobacco use among students and school personnel as compared to state schools, which had no policies. The GYTS data shows that students in schools under state government boards reported significantly higher current tobacco use than union government board schools in Bihar. A study (Krishna, Ramaswamy & Trevedi, 1993) from Kolkata found that increased tobacco use was associated with government schools as compared to private schools. Most of the school personnel were informed about addictive nature of tobacco (90%), serious health consequences due to tobacco (94.2%) and environmental tobacco smoke (91%) and were highly supportive on tobacco control issues inside (> 96%) and outsides schools. High prevalence of tobacco use among school personnel in this situation suggests that they have developed addiction. Thus there is need for cessation approaches among school personnel.
Based on the studies reviewed certain research gaps have been identified that are as follows:

1. A few studies (Umesh, 2006 & Kumar, 2010) have merely identified the causes and consequences of tobacco consumption among children.

2. Hardly any study has covered schools and parents opinion on the consumption of tobacco among school students

3. Students, teachers and parents awareness on the tobacco ill effects has been ignored by majority of the studies.

4. Barely any study has identified the role of school counselor in dealing with the problem at hand

5. A few studies (Kotwar & Thakur, 2004 & Bhojani et al., 2009) have merely covered both forms (smoking and smokeless) of tobacco consumption among students.

6. Only one study revealed about the awareness level of children about the tobacco and that too was a western study (Zaza, Briss & Harris, 2007).

3.3 CONCLUSION

The literature reviewed shows that tobacco consumption has become a major problem among young generation and it has been continuously growing in almost all states of the country. Majority of the studies covered one form either smoking or smokeless form of tobacco among students. The studies revealed that smoking form of tobacco has become most popular among students in comparison of other forms. Review shows that the mean age of regular users was 14-16 years and initiation age was 12 years. Most of the studies reported lack of proper implementation of law which needs to be focused by policy implementers. Thus the above review clearly depicts that tobacco consumption is an important issue, which has to be tackled in the early stage of life but none of the earlier studies have discussed the intervention strategies to deal with this problem.

The parents and school teachers are also an important part in influencing the children and in their socialization but they have not been covered by any study. The present
study included school children; parents and school teachers to get the information regarding the factors which could influence tobacco consumption among students.

Further, review reflects that although all the studies recommended that consumption of tobacco is the major problem among adolescents but no empirical evidence was found on opinion of school teachers and parents on the pattern of consumption neither the awareness level of school children on tobacco hazards has been focused in any investigation conducted till date. Thus, the present study in addition to examining the prevalence and patterns of tobacco consumption among school children is also focusing on assessment of views of school children, parents and teachers; assessing the awareness level of children about the ill effects of tobacco and the related law as well as highlighting the role of social worker/counselor.
3.4 REFERENCES


12. Kostova; Deliana; Hana; Ross; Evan; Blecher & Sara Markowitz. (2010), Prices and Cigarette Demand: Evidence from Youth Tobacco Use in Developing Countries. NBER Working Papers. 15781.


