CHAPTER – III

METHODOLOGY
3.1 Methodology

The study is descriptive in design. Data collection was done through survey using a semi-structured interview schedule among 350 women tobacco users. The respondents were women between the ages of 13 years to 60 years. The study employs both qualitative and quantitative methods. Focus group discussion (FGDs) and case studies were used to collect qualitative data.

The semi-structured interview schedule comprised of different categories of questions such as socio-economic profile, psycho-social aspects, tobacco use pattern, health consequences of tobacco use, morbidity pattern and the economic impact, etc.

3.2 Research Design

The present study is descriptive in nature. It documents the facts on the magnitude of tobacco consumption among the Mizo women. The area of the study is also fertile in the particular state although the use of smokeless tobacco by women of Mizoram has crossed the national average. The study has attained the set forth clear and specific objectives and employed structured techniques of data collection.

3.3 Sampling Design

The study follows multi-stage sampling procedures. The state of Mizoram is divided into 8 districts and among them Aizawl district alone is having more than one third of the total population of the state. The government documents and reports have shown that the Aizawl district has huge tobacco related cancer incidences and also
Mizoram is marked at the top most for some of the leading cancer sites in the world. The selected i.e Aizawl district has both rural and urban areas and has the highest population concentration too. The selected area has gender indicators such as sex ratio, female literacy, and female work participation rates and others which are closer to that of the Mizoram state. Therefore, localities having urban setting within Aizawl district viz Chawlhmun locality and Kulikawn locality and another two villages having rural setting viz Muthi village and Samtlang village has been chosen based on the above mentioned gender indicators.

3.4 Background of the Study

The history of the Mizo has highlighted that during the earlier period there were no schools and any educational institutions or any other occupation except farming. All the family members whosoever was found to be able to work, were engaged in either the field or at home. The girl child particularly at the age of 7 years to 8 years began to take responsibilities of carrying out the household chores under the supervision of mothers. There were no separate baby sitters so she was often entrusted to look after her younger siblings when her parents were away in the field, cooking in the evening, washing utensils, cleaning the house, washing clothes, collection of fire woods, pounding rice for the meal, preparation of foods for the pigs and other pets at home and carrying water for the whole family besides working in the field. The roles and duties of the female were thus not lighter than the male members of the family. Also, the Mizo women are a tribal women and this has highlighted the natural responsibilities of tribal women in general. As the Mizos were warriors, the females would often go along and return with them. Whenever they stayed in a jungle
for any purpose like hunting, the women would cook and prepare ‘vaihlo-zial’ i.e Mizo cigarette for the male members (Dokhuma, 1998: 115).

3.5 Selection of Respondents

The respondents were selected by adopting proportionate stratified random sampling of only women population across the age groups of adolescents (13-18 years), Young adult (19-35 years) and middle age (36-60 years) and few of the respondents were above 60 years, both in the urban and rural areas. In each of the areas, a community based organization – women group, youth group and a group of senior citizen prepared a list of women of the required age group under the leadership of local council and village council. Finally, selection of the respondents from the list was done through simple random sampling from each of the age group categories.

3.6 Data Collection

The study employed the use of a semi-structured interviewed schedule to collect data. To explore the relevance of the tool, a pre-test was conducted in Aizawl city among the Mizo women. The pre-testing of the interview scheduled consisted 30 Mizo women, between the age group of 15 years - 50 years comprising of 15 educated women who are beyond matriculation and the remaining 15 respondents were uneducated women and or less educated women working both in organized and unorganized sector. The pilot study has shown that tobacco use is widely prevalent among Mizo women in urban and semi-urban as well as no differentiation was found between the younger and older women with a distinction on the forms and types of
tobacco used. It also reflected that there were no educational differences on the use of tobacco including their occupation. Thus, the pilot study helps the researcher to adopt appropriate method of study and sampling procedure.

Apart from the semi structured interview schedule, the problem was probe further by gathering qualitative information through case studies, key informant interviews and focus group discussion.

3.7 The Research Experience

The research study on the psychosocial aspects of tobacco use among Mizo women is conducted in Aizawl district, Mizoram. The study has employed both qualitative and quantitative approaches. The research was conducted through congenial research environment and survey was done with the full cooperation of the community leaders in selection of sample respondents. The research experience revealed the importance of research ethics to the researcher. Information was elicited from the respondents, through case studies, Focus Group Discussions (FGDs), Key Informant Interviews (KIs) and secondary documents were collected from journals, books and scholarly articles including electronic materials. A central government survey has revealed that a high percentage of women in Mizoram consume tobacco in various forms, making them the most cancer-prone in the country and the National Family Health Survey (NFHS III) reported, 22% Mizo women are regular smokers as against the national average of 2.5%, making them the most cancer-prone in the country.
In fact, the study is enhancing the capacity and knowledge of the researcher to come up with suggestions and recommendations for further research including social work intervention.

### 3.8 Limitations of the Study

The limitation of the study is that tobacco, particularly the use of smokeless tobacco by women is highly prevalent all over Mizoram. The exploration of the psychosocial aspects of tobacco use would have therefore been more interesting if it had covered the entire state. The incidence of tobacco related death among women in the state is also higher in comparison to the other states of India. The total size of 350 respondents from rural and urban communities of Aizawl district is minimal to represent the entire women population of the state.

### 3.9 Conceptual Framework

The concepts related to tobacco use are that tobacco is leafy plant having nicotine content in it. Tobacco is one of the agricultural - livelihood product and the nicotine content of tobacco leave are containing nearly 4000 chemicals and many of them are poisonous that are harmful to human health. Tobacco is commonly used to make cigarettes. It was first introduced in India in the year 1600 and the Mayan Indian of Mexico carved drawings in stones showing tobacco use is dated back between 600 AD to 900 AD. Today, India is among the largest producer of tobacco next to China.
There are different types of tobacco products and they are classifying mainly into two forms as **smoking forms of tobacco (ST)** and the **smokeless forms of tobacco (SLT)**. The smoking forms of tobacco are the taking of tobacco by inhaling and ingested the smokes. They are cigarettes, cigars, cheroots, pipe tobacco, Hookah, bidi, local cigarette (Zozial), etc. On the other hand, the smokeless forms of tobacco are the tobacco that are consume without heating or burning at the time of use and administered orally. It includes chewing and pasting of tobacco like snuff, snus, paan with tobacco, zarda paan, sahdah, khaini, gutkha products, tobacco water (tuibur), etc.

The nicotine content of tobacco causes changes to the brain and behavior becoming psychoactive drug causing two sensations like stimulation in the though process and general relaxation. It induces **dependency** on the user, a condition where the system requires tobacco to function at a certain level. It could be either **physical dependency or psychological dependency or both.** Further, consumption of tobacco is leading to **addiction.** It is a state where an individual cannot at all function or survive without using it. The nicotine of tobacco is a psychoactive drug that stimulated a person and having a potential of being dependent on it and or leading to **either physical addiction or psychological addiction or both.**

Inadditon, the concern of smoke forms of tobacco is that it not only harms the users. It does not end in itself and the risk includes the non user who is a **passive smokers.** The smokes that are containing poisons are passes to the next person and consume by people who are not smokers themselves. This is also known as **secondhand smoke (SHS).** The inhalation of smokes from other person’s smokes still continue to carry substances which are dangerous and harmful to health and placed them at-risk of different types of cancers, COPD, SIDs and others. Apart form this;
the global concern is the environmental tobacco smoke (ETS). It is exposure to tobacco smoke, indirectly being exposed to tobacco smoke in the surroundings and is also known as passive smoke, secondhand smoke and or involuntary smoking. It is more or less similar but the environmental tobacco smoke is conceptualized to be beyond the individual level and which affect a larger group of people. The two important concepts in the environmental tobacco smoke are the mainstream smoke (MS) and the side stream smoke (SS). The smoke that is inhaled and again exhale from the smoker’s lungs which passes the smoke in the surroundings is the mainstream smoke and the smoke that enters the air directly from the burning ends before inhalation by the smoker is called the side stream smoke. The exposure to this environmental tobacco smoke varies on the quantity of smoke, the volume of the room, the ventilation rate and the supplied of fresh air during smoking. It is also important to include the inhalation of smoke that is remaining in the articles, assets, gadgets and furniture those are present in the room during smoking.

Tobacco smoking and using of smokeless tobacco in any forms has tremendous harmful effects. In fact, using of tobacco leads to various diseases and caused mortality. The economic impact at the individual level and tobacco and its related diseases health care expenditures is becoming a concern too. Besides, it is also relevant to enquire the psychological factors like the emotion and cognitive development and the social factors that responsible for formation of social relationships inclusive of the socio-cultural aspects of tobacco use. Further, it is interesting to observe the interplay of psychological determinants and the social determinants. Therefore, it is important to probe the psychosocial determinants of tobacco use by women. The key elements include stress that is understood as a
coping skills rooted from the experience of pressure. It present when the body attempts to make adjustment on situations those are beyond the system could control and is expressing through behaviors leading to using of tobacco as a coping skills. In addition, prolong experience of pressure might cause burnt-out and leads to stress. So, the frequency and quantity of using tobacco is depending upon the nature of stressors or and experiences and intensity of stress. However, the use of tobacco and stress is bidirectional that the experiences of stress lead to tobacco use and also the use of tobacco lead to stress. However, this study focuses on the former explanation.

The related concept of stress is anxiety that is understood as a blue print that is giving hint and beforehand information that the environment is uncertain and uncontrollable leading to feeling of sadness. Therefore, anxiousness is having a potential to use tobacco feeling that it would reduce the risks and situations. In addition, the concept is sadness and depression is also relevant aspects. The two emotions could taken place due to various reasons and thinking that taking tobacco would minimized the intensity of feelings and or remove it out of thought for a certain period and enjoy the given moment. Therefore, tobacco has been taken just to relief the experience of the situation. Likewise, this sadness in many cases would lead to depression that does not allow a person to have a peaceful mind and disturb the sound sleeping. In extreme cases, a person might not at all feel sleepy without having focus or concentration but found it boring and tobacco has been taken feel more comfortable with the situation and or to keep him occupied.

The other important psychological dimension of tobacco use is rebelliousness. It is understood that the use of tobacco in any form is harmful and not advisable, strictly restricted to certain level especially among children and youth. The consistent
communication on control of initiation and continuation of tobacco use may be cause angriness and responded through rebelliousness. The repetition on not to use tobacco may induce experimentation and attempt on experience of using it. Further, the consistent statement of control on tobacco use to the current user may also be irritating and responded in angriness.

In connection to the above conceptualization, the socialization process is found to be an important determinant of tobacco use. The social relation that is an individual relationship with other in the social group, the nature of relationship and the group practices are having great impact for initiation of tobacco use. The influence of others to take tobacco is called the peer influence and the overall relationship including communication and group behavior, submissiveness and conformity to others which are encompasses in the social networks plays a significant role on tobacco use.

The typical form of tobacco water called tuibur in a local language is the tobacco water which has been distilled out of a mixture of tobacco leaves and boiled water. The tobacco water alone is taken after filtration of the leaves and only when it is cool. It is distinct from water-pipe tobacco where the tobacco water is suck through pipe.

Therefore, the conceptual framework is drawn along with the cognitive behavioral theories which assumed that the social learning has tremendous contributions on initiation and the use of tobacco.