CHAPTER – V

CONCLUSION & SUGGESTIONS
5. **Conclusion and Suggestions**

5.1 **Conclusion**

The study on ‘*Psychosocial aspects of tobacco Use among Mizo women*’ is Conduct in Mizoram. Mizo is a one of the tribes in India having a distinct socio-cultural practice. The Mizo society is closely knitted like any other tribal society and gender inequalities and disparities in the society functioning and between the couples too are thought to be normal by the people. It is not much connected with other parts of the country and in many of political cases the 73rd amendment of the Indian constitution safeguarded the rights and opportunities of the Mizos. Majority of them are Christians and being a young culture, the state has celebrated its Gospel centenary in 1994. Unlike many of the tribal communities in India, the Mizos are much advanced in different areas and largely influenced by modernization. The lifestyles such as the practices, habits, standards of living, access of education to boys and girls, socialization, and fashions. All these have reflected the widely imitation of western cultures. However, the socio-culture practice is strongly imbedded and has been shaped the habits and conscience of the people till date.

The use of local alcohol that is the rice bear and tobacco consumption is fond to be culturally originated. Many of references on the Mizo history and cultures have shown the offering and use of alcohol and tobacco has taken part in any of the socialization mainly considering their economy. Particularly the use of tobacco was popular due to the prevalence of mosquitoes in the paddy field which disturbed their working and as mosquitoes repellent the whole community used it. Also, some of the Mizo folk story told us that many bachelors visited the girl at their house at night regardless of being her boyfriend of having romantic affairs. This was the traditional
practice and during that time, the girl will be busy with cooking pig-food or rolling of zozial and helped by those visitors. At the mean time, to note the choice of the girl, the girl used to tie the edge of bidi by her hair while the rest of the bidi were tied with a yarn. All these factors responsible for the engagement and promotion of tobacco use with the absence of its health hazards. Therefore, the study is unique from other tribal communities and it is more challenging for the researcher to probe further the consequences of tobacco use.

It is significant to made a study in this area due to high rate of smoke and smokeless forms of tobacco use by Mizo women which has shown by the national level survey like National Family Health Survey – III (2005-2006), Global Youth Tobacco Survey, India (2011), Global School Personnel Survey, India (GSPS), 2006 and the report of Population Based Cancer Registry on the incidences of Female Tobacco related Cancers and the overall mortality due to tobacco use.

The enquiries has fulfill the objectives of the study and consisted of socio-demographic profile of the respondent, perception on tobacco use, pattern of tobacco use, social and psychological determinants of tobacco use, health consequences, awareness level on tobacco cessation and suggestions made by the respondents to control tobacco use. The study is realistic and sensible in exploration of the actual phenomena inclusive of the respondent’s perceptions, knowledge on consequences of tobacco use by women, assessment of the respondent’s awareness level and the commitment and attempt made for tobacco cessation. In fact, the study is comprehensive and has coverage of the psychological aspects (cause-effect) due to tobacco use. The entire probing aim to assess the current position of the respondents In fact tobacco use by Mizo women is prevalent among the middle aged women both
in urban and rural communities. It is observed that majority of the respondents use as a continuation of the habit which was inculcated in their early years of life starting as young as before reaching 13 years of age and the data has shown that tobacco consumption is more prevalent among middle age women between the age group of 36 years and 60 years in both rural and urban communities. *The mean age of tobacco use by the respondents was 36.5 years.*

Tobacco use by women is strictly forbidden in many cultures while it is openly permitted in some communities. The study shows that the Mizo women use tobacco largely regardless of their age or geographical residence. The tradition and practice of using tobacco by the Mizo women did not have restrictions or societal disapproval. The data has shown that more than half of the respondents (58.3%) were married women. And probes during the interview revealed that husbands did not generally have restrictions and did not control the use of tobacco by their wives.

The age at marriage of the respondents is an important factor to understand the age of initiation of tobacco use by women and the physical and psychological maturity levels to enter into addiction. The age at marriage of the respondents shows that 44.8% of the respondents got married before attaining 18 years of age and *the mean age at marriage of the women respondents is 23 years* which is closer to the national mean age for females, 23.5 years.

The educational status of the respondents is one of a major concern with tobacco use and majority of the respondents had their schooling up to high school and more than half (69%) of them had middle school education and high school and another 10% of the respondents had completed higher secondary. The female literacy rate of Mizoram according to Population Census, 2011 was showing upward trend
from 86.75 percent in 2001 census to 89.4 percent against 65.46 percent of the national average of female literacy rate, 2011. Therefore, the practice of using tobacco by Mizo women is culturally rooted regardless of the education standard.

The size of the family is explored and more than half (68.3%) of the respondents are from nuclear family and it is the most common type of family both in urban and rural communities. This is followed by 22.3% of the respondents belonging to extended family and the remaining 9.4% are from joint family.

The study attempts to understand the social background of the respondents and 99.7% are Christian and 57.7% of them belong to Presbyterian Church. Also, among the Christian, the Presbyterian Church has the largest population within the entire state.

The economic condition of the respondents is relevant to understand the occupation and the annual income of the respondents. More than half 56.5% of the respondents are home maker and unemployed and 14.3% are regular employees. The study has shown that 52.3% of the respondents has no personal income and depend on the family earning for buying tobacco products and also 9.7% are living below poverty line (BPL).

The pattern of using tobacco by the respondents was explored. The expenditure on smoke form of tobacco is higher in rural community and the pattern is reverse in urban communities. And the mean value for using smoke forms of tobacco is 10.4. It is also found that the expenditure on tobacco in urban areas is Rs 16.00 and Rs 9.00 per day in rural communities. It shows that higher the personal income, higher the expenditure on tobacco. And daily expenditure on smokeless forms of
tobacco is Rs 14.00 per day and Rs.8.00 per day among the rural women respondents. Hence, the mean expenditure on tobacco is Rs 12.50 paisa per day and the daily expenditure on tobacco is higher among the urban respondents than that of the rural respondents.

To understand the perceived psychosocial challenges lying behind tobacco use the general feelings of the respondents I explored and majority of the respondents’ were felling good in general for most of the time and the relationship between tobacco use and individual psychological states are not perceived. While, half of the respondents do not encounter anxiety at all and anxiety due to tobacco use was perceived only by 1.7% of the respondents and 3.7% of the respondents has experience sadness for almost all the time. Also, the experience of stress and strain is associated with tobacco use and it is more or less significant among the rural and urban tribal Mizo women.

In connection to the frequency of using tobacco per day was assessed by four point scales as always, frequently, occasionally and rarely. A maximum of 51 % of the respondents are a frequent users who has taken tobacco 5times to 8 times per day. Further, 12.3% are regular users who are using continuously which is more than 8 times a day.

The social determinants of tobacco use by the respondents is assessed by using 14 items The study has reflected that peer taking tobacco, easy availability, receiving offers, attempt to experimentation, enhancement of social interaction and use by family members either of the parents or their siblings and availability at home are found to have greater influence for initiation of tobacco use than the personal
involvement in preparation and selling of tobacco products, receiving compliments from shop keeper and media.

The psychological determinants are assessed by using six items and majority of the respondents take tobacco products both in smoke form and smokeless form as mouth refreshment. The psychological causes leading to the use of tobacco by the rural and urban respondents are similar and are significant.

The following are the perception on minor health complaints cause by tobacco use. The perception are assess using 9 items and the respondents has given multiple ranking that 96.3% had encountered headache, 96% stomach pain, 95.7% acute ulcer, physical 95.7% physical weakness, 94.3% cough, 94.6% tiredness, 94.3% body pain and aching and 93.7% constipation. Therefore, tobacco use and the above minor health complaints are found to be associated.

The perceived psychological consequences of tobacco use like tension and aggressive behavior and reduction of memory power is positively present among the respondents and it is more experienced by the urban women respondents than that of the rural women respondents. Whereas, dullness and inferiority complex which is arises out of using tobacco are also mildly observed among the rural women respondents and it is totally absent among the urban women respondents.

The perceived health effects due to tobacco use has shown that majority of the respondents agreed that tobacco use could lead to oral cancer and pregnancy related problems. And more than half of the respondents perceived that the possibility of respiratory infection, dental problems, oesophagus cancer and chronic obstructive pulmonary diseases. While, little less than half of the respondents perceived that
tobacco use can increase the cholesterol level, stroke and even disability. Further, the relationship between tobacco use and the risk of still birth, fertility and cervical cancer are also perceived by the respondents. On the other hand, few of the entire respondents could only perceive the relationship between tobacco use and breast cancer, stomach cancer, lung cancer, liver problems, low blood pressure and cataract. Therefore, the effects of tobacco use on almost all the organs of the body and tobacco related diseases are not well perceived by the respondents.

The importance of awareness to quit tobacco use is emphasized and the main goal of tobacco cessation is to sustained abstinence, change of life style and improves the quality of life. Contrary to the extensiveness of the intervention the data has shown that as much as 92.9 % of the respondents had not known the presence of Tobacco Cessation Clinic (TCC) in Aizawl civil hospital. Therefore, more efforts need to be given on awareness on the existence of TCC at Aizawl hospital along with the programmes and services. In connection to this, out of 350 respondents 33.1% had ever attempted to quit and majority of them was due to health concerns. The other reasons include the feeling that tobacco use is unhygienic, expensive, family request and bored of using it. However, 23.7% of them had attempted by themselves mainly through gospel camping and availability of professional help is not known. While, regarding the awareness on the prohibition of smoking in public places, 82.9% of the respondents aware that smoking in public places is prohibited and it is a legal purview.

Lastly, the respondents were asked to made suggestions based on their experiences. The suggestions consisted of preventive aspect and rehabilitative aspects. In the area of prevention of tobacco use the suggestions emphasize family teaching & discipline, prohibition of selling tobacco products both to minor and adult,
generation of comprehensive and extensive awareness, church intervention on tobacco control, teaching on self discipline, and inclusion of tobacco in health education and issue of separate identity card to buy tobacco products.

The suggestive measures proposed by the respondents are generation of awareness campaign, spiritual camping, and family orientation on no tobacco, counseling, support and encouragement to quit. However, the significance of professional lead with systematic orientation on the provisions like counseling, creating awareness, mass media campaign, provision of help desk, providing telephonic toll free, health education are neglected by majority of them. While, banning of selling and buying tobacco products by minor is part of the COTPA 2003, but banning of cultivation of tobacco so as to cause unavailability is a livelihood issue where there is a long way to go.

Towards conclusion of the study, the results has reflected that there is no relationship between tobacco use and education, tobacco use and occupation, frequency of tobacco use and personnel income of the respondents, awareness on health effects of tobacco use and rate of quit or attempt to quit tobacco. On the other hand, the study has shown the urban-rural variation on the pattern of tobacco use and found that smokeless tobacco is more prevalent among the women respondents from urban communities as compared to rural settings and reversely, smoke forms of tobacco use by women is more prevalent in rural settings as compared to urban communities.

Finally, the study found the importance of public participation and civil society efforts to reduce the incidences of tobacco use by Mizo women, the interventions that have been made by Tobacco Society of Mizoram, Mizoram State
Cancer Institute, Government of Mizoram is relevant to highlight. In continuation of the voluntary humanitarian efforts of the Indian society for Tobacco and Health, Mizoram Chapter, the first ever ‘World no Tobacco day’ was marked on 31st May 2002 in collaboration with the Tobacco Society of Mizoram, Health department, Government of Mizoram. During that five year plan, the state government did not have separate programme and the resources for interventions and tobacco control was only a part of the National Cancer Control Programme (NCCP). Thus, the challenging task of assurance of public health was gradually taken-up by the state government.

Initially it is started with institutional arrangement and focus on ensuring mechanisms on COTPA 2003. The main activities were registry of client(s), counseling services, distribution of IEC materials and organizing an awareness programmes in schools. The society within a short span of time has tremendous vibration and has excellent networking and work in partnership with the civil society organizations with delegated activities as ISTH-MC- creation and generation of awareness especially among the school children and churches interventions, MHIP – banning of gutkha products, MJA- dissemination of IEC materials like article writing on editorial board, quotation related to tobacco control in India, coverage of the activities of MSTCS to seek public cooperation, MZP – advocacy on tobacco control in the educational sectors like education department, schools and colleges , MKHC - working with Synod Social Front like conducting survey and made church interventions through the church women group i.e Kohhran Hmeichhia . It is known that the MSTCS working in partnership with these community based organizations strengthen the mechanisms, wider coverage within a short span of time and voluntarily engaging them for all these activities and till date the resources of the society is not compounded. It is noteworthy to mention that the society has excellent institutional arrangement and convinced all
the dignitaries of the state government and capacity building is also ongoing. Therefore, the interventions of the society in the area of tobacco control are covering the state inclusive of all the eight districts of Mizoram. So, having the lenses of all this initiatives it could be known that COTPA, 2003 is well implemented and exercising for speeding – up the initiatives.

The other major achievements of MSTCS are:

a. Inclusion of education on Tobacco and Control in the school curriculum of class IV and class-VII edited by the Mizoram state government.

b. Inclusion of Thematic topic on tobacco and health in the Wednesday Night church service of Presbyterian denomination.

c. Inclusion of the topic on tobacco and health in the yearly observation of health Sunday like other thematic selection - leprosy Sunday, cancer Sunday etc.

d. Adoption of Tobacco free community – Thingsul Tlangnuam, Aizawl District, Mizoram.

The study has appreciated the initiatives of MSTCS in terms of capacity building, CSO involvements, networking with allied government departments and resources mobilizations. The future plans are inclusion of tobacco and health in the curriculum of CCE from the next academic session 2014 and inclusion of topic on tobacco and health in children Sunday school curriculum, 2014. All these intervention is expected to reduce secondhand smoke which is prevalence in the state.
5.2 Suggestions

The suggestions from the study will be effective and tremendous helpful for future interventions. The suggestions are broadly divided into three as *Policy related suggestions* which consisted of Strengthening of Mechanism, Mass media campaign, School Health Programme and Advocacy and Empowerment. The another suggestions is *practice related to social work interventions* and they are sub divided into Individual level, Family level, Community level and also the *Research related suggestions*.

5.2.1 Policy Related Suggestions

**a. Strengthening of Mechanism** - According to the Frame Work Convention on Tobacco, The Government of India as a signatory is taking initiatives and makes various interventions on tobacco control in India. The policy urges multi-sectoral involvement and cooperation. The required networking among different professionals will lead to success of the legislation. Therefore, the ongoing capacity building activities is suggested to be strengthening so as to achieve the maximum expectations out of the legislation.

**b. Institutional Arrangement** - The programme on tobacco control is spreading in all over the country without having the full institutional arrangements that has designed in the policy. Initially, the task has been taken up by the Health department of the respective states as only a part of the National Cancer Control Programme (NCC). Despite of the efforts taken by the tobacco control cell, the inadequate institutional arrangements is observed as a loop holes in delivering the services and its
existence is less likely to be ware by the public. Therefore, the study suggested that there should be adequate institutional arrangement to carry out the task on time and as it is to be.

c. **School Health Programme** - The School Health Programme under the health department and Education department-State Council for education and Resource Centre (SCERT) should be integrated with holistic perspective and for proelong action. Either, it is suggested that there should be distinction of implementation in zone wise to have larger coverage. Therefore the school health programme should focuses on prevention of tobacco initiation among the school children and rehabilitation of the already tobacco users among the school children. Here, tobacco use in this stage would be easier to intervene for quitting. On the other hand, the children themselves could be an ambassador in spreading the information to their peers, to their parents and in the neighbor to those who do not have the same opportunity of accessing the information.

d. **ARSH** – The project on Adolescents Reproductive and Sexual Health (ARSH) is part of the Reproductive and Child Health (RCH) phase – II under National Rural Health Mission which aims to promote the health of adolescents’ sexual and reproductive health by reducing infant motility rate (IMR) and maternal morbidity rate (MMR). It reflects the prevalence of anemia and malnutrition among the adolescents which could have impact on the health at later stage. The programmes sounded off sexual health and hygiene, health education, promotion of lifestyles which has implications on IMR and MMR. At the same time, the magnitude of tobacco use by Indian adolescents is shown by several studies and therefore, the ARSH could intervene in the area of tobacco control among the adolescents which is
one of the causal factors responsible for reproductive health and non communicable mortality in India.

**e. Millennium Development Goals (MDGs)** - The MGDs set by the United Nations in 2000 has eight goals to achieve by 2015. It focuses on eradication of global challenges like poverty, provision of drinking water, eradication of hunger, promotion of health, gender equality, sustainable development, empowerment and global partnership. The MGDs did not directly mentioned tobacco control, in fact it is well known that the prevalence of tobacco use and the third goal of MDGs reflected that women’s health and passive smoking pronounce gender inequality in health inclusive of mortality and morbidity and health economic burden leading to poverty. Therefore, it is suggested that apart from the above points the global partnership could be bidirectional and use tobacco control to address MGDs and MGDs also to address tobacco control.

**f. Civil society participation:** The policy in detail expresses the need of people’s participation and targeted the civil society initiatives in strengthening the efforts of the personnel of tobacco control. It has reflected the importance of coordination between the cell and community based organizations and also coordination between the communities based organization so as to have joint efforts for tobacco control within the state. In this case, it is very much relevant for Mizoram state having one of the best communities networking for all the populations like the MHIP, YMA, and MUP which is exist in every locality. Further, the state is inhabited by more of the Christians who are attending church on every Sunday regardless of their denomination. The church provided separate services for children, youth, and women
and for all the populations. Therefore, it is suggested to be an effective platform to take tobacco control initiatives.

**g. Mass Media Campaign** - The mass media campaign is an interesting and challenging task in the areas of intervention on tobacco control. Media is a convincing tool for all groups of population; it attracted people rather than the verbal expressions. It also has a wider coverage within a given period. The mass media campaign as indicated by the name targeted to reach the public by using print media, electronic media, skits, short play, street play and dissemination of IEC materials. The contents should be relevant for the age group and on their status of using tobacco. As the policy has suggested, it found to be effective to have mass media campaign such as cartoon, role play, article writing and others covering the legal aspects of banning of smoking at public places, smoke free, harmful effects of exposure to secondhand smoke, health consequences of tobacco use and assurance of public health rights.

**h. Advocacy and Empowerment** - Advocacy and empowerment is a process and is a vicious cycle. Effective advocacy leads to empowerment and for continuous empowerment, advocacy is again important. The professionals, meant personnel of the work, volunteers who have humanitarian values and other civil society organizations could address the issue of public health rights by controlling and restriction on tobacco. This advocacy could be extended to various allied departments like the education department, the police department for strengthening anti tobacco squads, tourism department and others.
5.2.2 Suggestions on Practice Related to Social Work Interventions

The suggestions on the study are evolving around the practice related to social work interventions. It is seen that the suggestions are at the multi level interventions as-

a. **Individual level** - The theoretical implications on tobacco use, theory of addiction, cognitive theory, and social learning theory (SLT) are relevant in the study and highlight the significance of genetic factors towards addiction to nicotine, self image, personality trait, orientation and individual environment. Besides initiation of tobacco use and the social determinants of tobacco use has to be considered. The social work intervention at the individual level includes inculcation of knowledge on the health consequences and harmful effects of tobacco use and orientation on the refusal skills that make the non user more vulnerable to their social world. The intervention should be at the prevention of tobacco initiation and the rehabilitation of the current users. The professional social work knowledge aims to consider the personality structure, psychodynamic theory especially the social learning theory that makes many of the children tobacco users developing the habits through modeling, imitations and after all learning from the environment. Thus, the social work intervention should have preventive aspects, remedial and rehabilitation of the current users.

b. **Social Environment level** - Several research studies, literatures and articles have showed the significance of the social environment for initiation and continuation of tobacco use. Parents and peer smoking are strong predictors of adolescent tobacco use behavior along with normative beliefs and expectations and social norms. It is therefore important to consider the socio cultural factors of tobacco users, smoke free homes, parent-child communication, and use of tobacco by siblings, selection of peer
group, tobacco free socialization which is necessary to covers the educational institutions. The social work intervention should consider the relevant of the social environment and extended up to environmental modification as necessary.

c. Community level - It is equally important to take initiatives at the community level. At a community level, the emphasis is on tobacco free homes and tobacco free communities. It is relevant to come up with the following suggestions at a community level because the study has resulted that the use of tobacco at home is widely prevalent with an absence of notion on the effects of secondhand smoke and third hand smoke. The inhalation of passive smoking and inhalation of smoke that is remaining in the household articles and belongings share the same health risk. It is observed that in urban areas, there is more use of smokeless tobacco while smoke form is more practice in rural areas. The social work intervention at the community level includes on creating awareness and education on the importance of smoke free homes and smoke free communities along with the health consequences that can happen due to smoke and affecting the communities by polluting the environment. The social work intervention made a commitment to ensure the public health rights. The urge for public participation would somehow depend on the level of initiatives made at the community level. Further, convincing of the community leaders could enhance an introduction of smoke free homes and smoke free communities.

d. Capacity Building - The study has found that capacity building is tremendously important for the success of tobacco control. Apart from the mentioned social work interventions it requires enhancement of capacity building to success. Here, every sectors and persons engaged in the process need to be sensitize to strengthen the mechanism and execute the stipulated roles with coordination. The social worker
intervention should evoke the need for capacity building as provided in the provisions of national tobacco control.

e. **Awareness Generation** - Building awareness and providing knowledge is really significant to mobilize the people. The public should aware of their rights and responsibilities and enhancement of the rights of others too. From the study, it is known that the public should have legal awareness like banning of *selling tobacco to and by minor*; As the age of initiation of tobacco use is becoming more advance due to easy accessibility, affordability of tobacco products including cheaper rate of Rs. 1 and poor restriction mechanism to protect minors from selling and buying of tobacco products. The Study have resulted that the degree of nicotine-addiction is more pronounced in adults who initiate tobacco use at an early age i.e below 18 years. Therefore, the social work interventions in this particular area include generation of awareness and dissemination of IEC materials by using mass media campaign like talk show, radio talk, film show, distributions of pamphlets, ensuring labeling of pictorial health warning and signage which transmitted education to the public.

**f. Formulation of Tobacco Cessation Support Group** – The study has come up with the suggestion on formulation of Tobacco Cessation Support Group. It is because that the quit rate or tobacco cessation rate is low all over the world with less number of tobacco users attempted to quit. This shows the relevance and need of extensive psychosocial support for tobacco cessation and highlighted the need for engagement in the cessation process. The inference of the suggestion is that formulation of Tobacco Cessation Support Group will focus on assurance of public health.
g. Right Based Tobacco Control - The health right of the individual is universal and is also human rights. It is the right of everyone to be healthy and increase the life expectancy. Also it is partly the responsibility of an individual to assurance the health rights to others. It is therefore, the study suggested right based approach towards public health that would focus on reduction of exposure to secondhand smoke and the inhalation of passive smoking and environmental smoke could also be minimize through right based tobacco control.

5.2.3 Research Related Suggestions

The professional intervention called for the urgent need of research related studies on tobacco. It is known that there is in exhaustive research studies in all the areas and across populations at the national, regional and state level. Therefore, it is suggested that research studies employing qualitative and quantitative approach is needed in the area of tobacco and children, tobacco and youth, tobacco and women’s reproductive health, maternal smoking, social networking and tobacco use, family environment and tobacco use, communication on anti-tobacco, media and tobacco use, cultural implications on tobacco use, education and tobacco use, occupation and tobacco use, stress management and dependency on substance, socio-economic burden of tobacco use, politics of tobacco manufacturing companies, evaluation of anti tobacco interventions and constructive critical analysis of the current intervention. Above all, research studies on the public relation, societal attitude, community participation and initiatives of civil society organization should not be denied along with the relevant of ethnographic studies in the area.