

A rectangular frame with a double-line border. The right side of the frame is filled with a dark, textured pattern. The word "DISCUSSION" is centered at the bottom of the frame, underlined.

DISCUSSION

Chapter- 08

DISCUSSION

"Thunder is good, thunder is impressive. But it is lightening that does the work".

- Mark Twain.

Tobacco is the world's biggest preventable killer. Our universe is in a state of tobacco epidemic, with larger population of tobacco users emerging day by day. Arecanut use is also a leading cause of deaths especially in developing countries. In India, nearly one in ten adolescents in the age group 13-15 yrs. have ever smoked cigarettes and almost half of these reports initiating tobacco use before 10 years of age.

The tobacco and arecanut situation in India is unique because vast spectrum of products are easily available. Tobacco smoking particularly bidi; chewing tobacco, chewing arecanut is an age-old practice in India. However, according to anecdotal evidence with the changes in the dynamics of societies, the prevalence of smoking among women and young children has increased many folds and is at present a significant public health problem. The risk of tobacco and arecanut use is highest among those who start early and continue its use for a long period. The early age of initiation underscores the urgent need to intervene and protect this vulnerable group from falling prey to this addiction. The most

common reasons cited for children to start using tobacco are peer pressure, parental tobacco habits and pocket money given to children.

According to World health organization (WHO), nearly 1/3 rd of the global adult population (1.2 billion people, with female population being 200 million) are tobacco users. In India, there are 240 million tobacco users (195 million men and 45 million women) accounting for one fifth of the worlds tobacco consuming population.

India is the world's third largest tobacco growing country, which produces an average of 5, 80,000 tones every year. Nearly 0.2% of all available land is used for tobacco growing and 4 million people are estimated to be engaged in manufacturing tobacco. Millions of people work in growing and curing tobacco. According to National Family Health Survey (NFHS) 1998-1999 data, 5% - 10% is the prevalence rate of tobacco in Gujarat. According to Global Youth Tobacco Survey (GYTS), Gujarat, 3.8% of students had ever smoked cigarettes (Boys 5.1% & Girls 1.7%), 18.7% population currently use any tobacco product (Boys 29.3% & Girls 0.5%) and 17.7% population currently use other tobacco products (Boys 27.9% & Girls 3.9%).

The wicked tobacco industry has not spared innocent children too. Each day 55,000 children in India start using tobacco and about 5 million children under the age of fifteen are addicted to tobacco. Smoking as well as smokeless tobacco is consumed in urban as

well as rural population of our country. Cigarettes are specifically aimed at our young generation. Therefore, the evidence of early onset of the tobacco habit and reports of increase in the prevalence of oral precancer & cancer among children raise serious concerns of an impending oral cancer epidemic in our country. The age incidence of oral cancer in India is going down and is significantly lower than reported in the rest of the world.

Areca nut is the fourth most commonly used substance of abuse in the world after tobacco, alcohol & caffeine. A substantial proportion of the world's population is engaged in chewing areca nut and the habit is endemic throughout the Indian subcontinent, large parts of south Asia, Melanesia Asian pacific region for a long time and is common among migrated communities in Africa, Europe & North America. Because of its ancient history, its use is socially acceptable among all sections of society, including women and quite often children. During the last two decades, with the availability of commercially available products, the pattern of use of arecanut has changed rapidly and the practice of chewing areca nut has received a boost. The adverse health effects associated with arecanut use include premalignant lesion & condition, oral & oro-pharyngeal cancer, periodontal disease and addiction.

Arecanut chewing habit has drastically changed from a simple arecanut to commercially prepared flavoured forms of arecanut in the last two to three decades. Pan masala and gutkha are extremely popular in urban parts of India where as sweet supari, mawa and plain arecanut are popular in rural parts of India. But these observations are not static and evolve as per the atmosphere in the society. This may be due to effect of electronic and print media and peer group where it is projected as a harmless mouth freshener. Today adolescents and young adults are actively indulging in chewing of gutkha and pan masala ignoring the deleterious effects on the health.

It is well known that tobacco smoking, arecanut and alcohol consumption are risk factors for head & neck cancer. In this era of global travel, these habits have crossed borders & their detrimental effects are now being seen throughout the world. Since tobacco use has been reported to be higher among the poor & less educated people, both disease burden as well as economic burden due to tobacco use will disproportionately affects them.

The present cross-sectional study was undertaken in Gujarat state, India, to determine the prevalence of tobacco and arecanut use and its relation to the sociological factors- culture, custom, age at initiation of these habits and habit influencing determinants.

In the present study, 250 subjects from various parts of Gujarat state, voluntarily participated. The area of study i.e state of Gujarat

was equally divided into four regions. The numbers of participants in all these regions were more or less equal.

The participants included in this study were of 10 years and above. The total males were 133 (53.2%) and the total females were 117 (46.8%). The total number of participants having tobacco and arecanut related harmful habits were 114(45.6%) and the remaining 136 (54.4%) participants did not had any harmful habit. The most risk age group was 20-29 yrs.

The total numbers of male participants having harmful habits were 69 (60.52%) and the total numbers of female participants having harmful habits were 45 (39.48%). The findings were similar to the various previous studies conducted in the other parts of India and world. These findings may be due to the social norm of India. The Indian society being a male dominating and easy availability of money with males is the major causative factor for harmful habit.

The correlation of age with the participants having or not having harmful oral habit was statistically significant, in which it was observed that maximum number of participants belonged to the age group of 20-24 years. This age is most commonly affected because people generally start the habit under peer pressure, family members, social culture, stress etc. Various stressful factors which arise at every stage of life plays a vital role in the initiation of one or the other habits. This is done so as to avoid the stressful factors in the routine and for easier life.

The correlation of gender with the participants according to tobacco and arecanut related habit was statistically significant, in which it was observed that maximum number of male participants were involved in the chewing of arecanut and its related commercial products. The reason for our findings may be due to low market price, easy availability, easy to carry and good euphoric effect has lead to more consumption.

The type of tobacco related habit which was distinctly observed in participant was Bidi smoking and Tobacco quid. This can be explained by cheaper cost and easy availability of bidis in rural areas along with lack of education/knowledge regarding deleterious effects of smoking tobacco on health in general and oral health in particular, may be the probable cause for more use of bidis.

The type of arecanut related habit which was distinctly noticed in maximum number of participant was chewing of Ghutka. The findings may be related with the attractive packaging, easy availability, affordable cost and easy to carry and storage has lead to high use of gutkha especially by young and adults. Also the reasons for our findings may be due to the curious attitude of young adults to try new things in life and are mostly influenced by the peer groups and electronic & print media.

The critical age group for initiation of harmful habits was 15-29 years. At the early stage of initiation, the habit is occasional which subsequently becomes addiction. The findings may be due to family influence and tobacco use by friends, exposure to advertisements in the media and community, access and availability of tobacco products in the area of residence.

The most common factor responsible for initiating the habit was Stress followed by Culture, Friends and Social status. Our findings may be because at very young age friends can influence very easily, more exposure to advertisements in the media and community and attractive packaging may attract the youth.