

Assessment Of Effectiveness Of 'Anti-Tobacco Campaign' In Sangli District Of Maharashtra, India - An Epidemiological Survey

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ABSTRACT

Background

India has highest rates of oral cancer in the world and rates are still increasing. Oral cancer accounts for one-third of the total cancer cases and 90% of the patients are tobacco chewers. The Govt. of India initiated and enacted the national tobacco-control legislation namely, "The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act 2003"; on 18 May, 2003. Still there is persistence of more number of people with tobacco habits. So, an epidemiological survey for Sangli district was conducted in Bharati Vidyapeeth Deemed University Dental College and Hospital to know the effectiveness of 'Anti - tobacco campaign'

Materials & Methods Of Survey

A questionnaire based survey was conducted among tobacco consumers in all age groups for the period of one year. The information was collected from the tobacco consumers and filled up by investigators on the pre-structured pre-tested proforma consisting of questions (QUESTIONNAIRE) related with the identification data, age, sex, occupation, marital status, education, socioeconomic status, type, source & reason of tobacco use, awareness about health hazards due to tobacco use and its source of information.

Results

Information was collected from 573 patients, among them 91.4% were male, 85.1% consumed in smokeless form, 81.3% were literate, 78.8% knew about ill effects of tobacco, 49.1% people had information about anti-tobacco programmes.

Conclusion

In the present study only 49.1% people know about the anti-tobacco campaign among them 86% are literates and 40-60 and above 60 years age group of people are less aware of such programs. So campaign should be designed in such a way that more number of adults, illiterates and literates know about ill-effects of tobacco and also to provide guidance to quit the tobacco.

KEY WORDS: Quit tobacco programme, Awareness about ill-effects of tobacco, Tobacco control legislation

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INTRODUCTION

Tobacco is powder derived from "Dried Leaves of Tobacco Plants" which is consumed in the form of smoking cigarettes or bidies and smokeless paan masala, gutkha and khaini (1). India is the third largest producer and consumer of tobacco in the world. There are almost 275 million tobacco users in India. Among the adults age group of 15 years and above, over one third (35%) of the population use tobacco products, with 48% of males and 20% of females using some form of tobacco (1).

The largest impact of tobacco related disease burden is increasingly affecting the low-middle-income countries like India (2). As per the World Health Organisation projections; India will have the highest rate of rise in tobacco-related deaths by the year 2020. The report further states that out of 100 teenagers smoking in India today, 50 will eventually die of tobacco-related disease. WHO data indicate that, by 2020 tobacco will be solely responsible for 1.5 million deaths in India or 13.3% of all deaths in the country.

Each year tobacco use kills about one million Indians. It remains a serious public health challenge resulting in substantial disability, disease and death. It also increases the social and economic costs of health care in limited health resource settings (2).

In light of this, there has been a significant increase in state level tobacco control activities over the last decade. Modern comprehensive tobacco control programs generally include a combination of community wide interventions, counter marketing, policy and regulatory changes (usually in the form of increased tobacco taxes and the reinforcement of existing tobacco control policies) and evaluation activities. Government of India has taken various initiatives for tobacco control in the country. Besides enacting comprehensive tobacco control legislation

(COTPA, 2003), India was among the first few countries to ratify WHO the Framework Convention on Tobacco Control (WHO FCTC) in 2004. The National Tobacco Control Programme was piloted during the 11th Five Year Plan which is under implementation in 42 districts of 21 states in the country. The advocacy for tobacco control by the civil society and community led initiatives has acted in synergy with tobacco control policies of the Government (3).

The salient features of this legislation include

- Total ban on direct and indirect advertisements of all tobacco products;
- Prohibition on sponsorship of sports and cultural events which encourage tobacco use;
- Ban on smoking in public places;
- Ban on sale of tobacco products to minors;
- Ban on sale of cigarettes and tobacco products within a radius of 100 yards of educational institutions;
- Mandatory pictorial depiction of specified health warnings and clear indication of nicotine and tar contents on packets and cartons of all tobacco products.

Since 1988, 31st May - 'World No-Tobacco Day' is commemorated every year in the form of lectures, camps and rallies all over the country.

Though Anti - tobacco programmes or public communications campaigns are being carried out at the national and international levels and standards by various government hospitals, organizations and non-government organization (NGO), there is persistence of more number of people with tobacco habits. WHO forecasts that by 2030, 10 million people a year will die of tobacco-related illness, making it the single biggest cause of death worldwide, with the largest increase to be among women. WHO forecasts the 21st century's death rate from smoking

to be ten times the 20th century's rate. ("Washingtonian" magazine, December 2007).

It is utmost importance to see through the extent of its awareness and knowledge in the mass. So, an epidemiological survey in Sangli district was conducted in Bharati Vidyapeeth Deemed University Dental College and hospital B to analyze effectiveness of 'Anti - tobacco campaigns'.

MATERIALS AND METHODS

A questioner based survey was conducted among tobacco consumers in all age groups who reported to Department of Oral Medicine & Radiology Bharati Vidyapeeth deemed university Dental college & Hospital, Sangli during daily OPD patients. The survey was conducted over a period of one year. The information was collected by the specially trained investigators who took adequate training for carrying out the study. The subjects were interviewed face to face in the absence of other family members. A written consent was taken from all the patients. The information was collected from the tobacco consumers and filled up by investigators on the pre-structured pre-tested proforma consisting of questions (QUESTIONNAIRE) related with the identification data, age, sex, occupation, marital status, education, socioeconomic status, type, source and reason of tobacco use, awareness about health hazards due to tobacco use and its source of information, knowledge about the anti-tobacco campaigns and its source of information. After this, patient counseling was done emphasizing to quit the habit. The criteria and definition of tobacco use will be based on WHO guidelines. Once the data collection was completed, it was subjected to the statistical analysis.

RESULTS

Among 572 subjects of 18 to 75 years of age, 4.4% were below 20 years, 51.6% between 20-40 years, 21.6% between 40-60 years, 17.3% above 60

Table 1: Frequency of habit in age groups

Age	Frequency	Percent
<20 years	25	4.4
21 to 40	295	51.6
41 to 60	153	26.7
>60	99	17.3
Total	572	100.0

Table 2: frequency of literates knowing about the anti-tobacco programs

Age		Frequency	Percent
Yes	Literate	242	86.1
	Illiterate	38	13.9
No	Literate	222	76.6
	Illiterate	68	23.4

years (table I), 91.4% were males, and only 8.4% were females, 82% were married and 18% were unmarried, 81.3% were educated, 25.3% were self-employed, 24.5% manual worker, 35% were employed, 2.4% without professional activity, 31.6% belong to low income group (< 3000 Rs/month), 58.4% belong to middle income group (3000-20000 rs/month), only 1.7% belong to high income group. 85.1% consumed tobacco in smokeless form and 14.7% in the form of smoking. 26.9% of people consumed tobacco for psychological benefit, 31.8% to overcome occupational stress, 7.9% to maintain social status and 33% because to curiosity, easy accessibility to reduce appetite and as cleansing agent. Frequency of consumption varied from 1 to 25 times per day and duration varied from 6 months to 50 years. 49.1% of people had information about anti-tobacco campaign, 41.3% through the media and 54% through the health professionals. 78.8% of people knew about the ill-effects of tobacco and 38.6% got counseling to quit the habit. Among the people knowing about anti-tobacco campaign 86.1% were literates (table II).

DISCUSSION

The patterns of tobacco consumption in India are different as compared to

other parts of the world. Here about 20 per cent consume cigarettes, while nearly 40 per cent smoke bidis, which deliver more nicotine than cigarettes, the remaining 40 per cent chew tobacco and tobacco-containing products such as Paan Masala and Gutkha. Statistics also show that two-thirds of the smokers in the country start to smoke in younger age group. By the time they realize the health risks, they are already addicted to smoking and addiction to nicotine is stronger than addiction to other drugs popular with addicts like heroin, marijuana and cocaine.

In the present study tobacco consumption is more in male and the cause for this are stress reliever and euphoria, increase in concentration, easy availability, low cost value, its craze in friends or community, its strong addiction or urge, different types of tobacco products available, avoids sleep during work, no strong substitute available easily to quit habit, breath sweetener. Tobacco consumption is more seen in 20-40 years of age group.

Despite of so many anti-tobacco campaigns, the persistence of the habit still continues. Suspected reasons are high degree of social acceptability of tobacco habit, tobacco advertising, due to peer pressure, and cultural influence portrayed by friends, parental tobacco habit, depiction of tobacco habit in movies, on television or in games, not following recommended actions & legal rules & regulations to reduce tobacco habit, not rectifying drawbacks of tobacco control & cessation programmes.

In the present study only 49.1% people know about the anti-tobacco campaign among them 86% are literates and 40-60 and above 60 years age group of people are less aware of such programs. So campaign should be designed in such a way that more number of adults, illiterates and literates know about ill-effects

of tobacco and also to provide guidance to quit the tobacco.

Recommended actions for quit tobacco programmes are Professional actions which includes dentists, doctors, and other health workers who can inform, illustrate and educate at consultation and also can treat tobacco dependence. Teachers, educational institutes should educate at school and keep attention on tobacco related activities. In Public actions, rules and regulations to control tobacco habits should be strictly followed and help tobacco chewers and smokers to get rid from its addictions and participate voluntarily in anti tobacco programmes.

Government should take action in areas like finance for health education, increase effectiveness of packet warnings, ban sales promotion, increase taxation progressively, restrict progressively yields of tar, low tar filter cigarettes, eliminate support for growing tobacco and for manufacture and distribution of tobacco products, encourage tobacco cessation clinic and research programmes, increase awareness about ill effects of tobacco habit through mass media, tobacco dependence treatments are cost effective and should be covered by health insurance plans, imposing stricter laws enforced with heavy penalties and restrict or limit availability of tobacco products.

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