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A Study of Tobacco Use amongst Migrant Labourers in North India

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Abstract:

Background: Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and cardiovascular diseases. Despite this, it is common throughout the world. An estimated 150 million young people use tobacco. The vast majority of tobacco users worldwide began when they were adolescents. This number is increasing globally, especially amongst those who move away from their families and homes to earn a living.

Methods: This was a community based, cross-sectional descriptive study conducted amongst the migrant labourers in a rural area of north India. All the migrant labourers, 20 to 45 years of age, who were present at the place of study during the period of study and consented to be part of it were included (N=275). The respondents were interviewed with the help of an investigator administered questionnaire. This was a standardized questionnaire based on the Tobacco Use Module of the Global School-based Student Health Survey (GSHS) 2013 core questionnaire modules. Data was analysed using EpiInfo.

Results: Only 1.45 per cent (n=4) of the respondents had never smoked consumed tobacco in any other form. Almost one third of the study population, that is, 33.09 per cent (n=91) had started smoking at the age of 14 or 15 years while 28.36 per cent (n=78) had started at 16 or 17 years.

Conclusion: An overwhelming majority of the respondents were influenced by their fathers and took up smoking at a relatively younger age, despite being aware of the harmful effects.

Key words: migrant, labourer, tobacco, cigarette, bidi

1. Introduction

Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and cardiovascular diseases. Despite this, it is common throughout the world¹. The progress in reaching the highest level of achievement in tobacco control is a sign of the growing success of the WHO Framework Convention on Tobacco Control (WHO FCTC) and provides strong evidence that there is political will for tobacco control on both national and global levels. About 2.3 billion people are now covered by at least one tobacco control measure at the highest level of achievement. This is due to the actions taken by many WHO Member States to fight the tobacco epidemic². Adolescents – young people between the ages of 10 and 19 years – are often thought of as a healthy group. Nevertheless, many adolescents do die prematurely due to accidents, suicide, violence, pregnancy related complications and other illnesses that are either preventable or treatable. Many more suffer chronic ill-health and disability. In addition, many serious diseases in adulthood have their roots in adolescence. For example, tobacco use, sexually transmitted infections including HIV, poor eating and exercise habits, lead to illness or premature death later in life. More than 2.6 million young people aged 10 to 24 die each year, mostly due to preventable causes. About 16 million girls aged 15 to 19 give birth every year. Young people, 15 to 24 years old, accounted for 40% of all new HIV infections among adults in 2009. In any given year, about 20% of adolescents will experience a mental health problem, most commonly depression or anxiety. An estimated 150 million young people use tobacco³. The vast majority of tobacco users worldwide began when they were adolescents. Today an estimated 150 million young people use tobacco. This number is increasing globally, particularly among young women. Half of those users will die prematurely as a result of tobacco use. Banning tobacco advertising, raising the prices of tobacco products and laws prohibiting smoking in public places reduce the number of people who start using tobacco products. They also lower the amount of tobacco consumed by smokers and increase the numbers of young people who quit smoking³. Active cigarette smoking is the major cause of lung cancer and an important established cause of cardiovascular disease mortality. Risks have been shown to increase with even light or intermittent active smoking⁴. Tobacco

consumption initiated during the adolescent period is a major contributor to the pathogenesis of fatal diseases in adulthood. Information on tobacco use and awareness regarding tobacco legislation and hazards among adolescents in rural Kerala is limited⁵.

2. Materials and Methods

2.1. Ethics Statement

This study complies with the guidelines of the 1964 Declaration of Helsinki. Informed consent of all the participants was taken and their anonymity was maintained. No photographs of the subjects were taken during the study.

2.2. Procedure

This was a community based, cross-sectional descriptive study conducted amongst the migrant labourers in a rural area of north India during the months of February to September. All the migrant labourers, 20 to 45 years of age, who were present at the place of study during the period of study and consented to be part of it were included (N=275). Those who had finished their contracts or were moving out to another location during the study period were excluded. Informed consent was taken and the respondents were interviewed with the help of an investigator administered questionnaire. This was a standardized questionnaire based on the Tobacco Use Module of the Global School-based Student Health Survey (GSHS) 2013 core questionnaire modules. All questions were answered by all the respondents. There were no blank responses. Data so collected were analyzed by using suitable statistical tests and with the help of Microsoft Excel 2007 as well as EpiInfo version 3.2.

3. Results and Statistical Analysis

The distribution of the total study population (N=275) is as shown in table-1 and figure-1. Majority of the respondents were in the range of age of ≥ 20 years to < 35 years.

AGE GROUP	FREQUENCY	PERCENTAGE
≥ 20 years to < 25 years	95	34.55
≥ 25 years to < 30 years	89	32.36
≥ 30 years to < 35 years	67	24.36
≥ 35 years to < 40 years	17	6.18
≥ 40 years to < 45 years	7	2.55
TOTAL	275	100

Table 1: Distribution of total study population by age

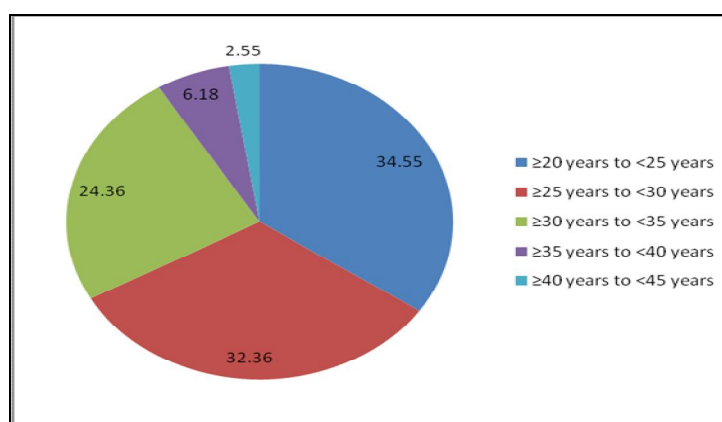


Figure 1: Distribution of total study population by age

Table-2 shows the response of the study population when asked the question as to what was the age when smoking of cigarette/bidi was tried for the first time. There were only four individuals who claimed to have never smoked or even tried smoking at all.

INITIATION	FREQUENCY	PERCENTAGE
NEVER	4	1.45
7 years old or younger	2	0.73
8 or 9 years old	3	1.09
10 or 11 years old	15	5.45
12 or 13 years old	30	10.91
14 or 15 years old	91	33.09
16 or 17 years old	78	28.36
18 years old or older	52	18.91
TOTAL	275	100.00

Table 2: Distribution of the study population by age of respondent when first trying a cigarette/bidi

The distribution of the study population in response to the question as to how many days one smoked cigarettes/bidis in the last thirty days is as shown in table-3.

TOTAL NO. OF DAYS	FREQUENCY	PERCENTAGE
0 days	4	1.45
1 or 2 days	17	6.18
3 to 5 days	11	4.00
6 to 9 days	11	4.00
10 to 19 days	98	35.64
20 to 29 days	77	28.00
All 30 days	57	20.73
TOTAL	275	100.00

Table 3: Distribution of the study population by the number of days the respondent smokes cigarettes/bidis

Table-4 depicts the response of the study population when asked the question as to how many days did each individual use any tobacco products other than smoking of cigarette/bidi in the last thirty days.

TOTAL NO. OF DAYS	FREQUENCY	PERCENTAGE
0 days	4	1.45
1 or 2 days	2	0.73
3 to 5 days	16	5.82
6 to 9 days	12	4.36
10 to 19 days	79	28.73
20 to 29 days	91	33.09
All 30 days	71	25.82
TOTAL	275	100

Table 4: Distribution of the study population by the number of days the Respondent used any tobacco products other than cigarettes/bidis

Table-5 shows the distribution of the respondents by the attempt made during the past 12 month to stop smoking cigarettes/bidis.

ATTEMPT TO GIVE UP SMOKING	FREQUENCY	PERCENTAGE
I have never smoked cigarettes	4	1.45
I did not smoke cigarettes during the past 12 months	31	11.27
Yes	183	66.55
No	57	20.73
TOTAL	275	100

Table 5: Distribution of the study population by the attempt of respondent during the past 12 months to stop smoking cigarettes/bidis

The distribution of study population by the number of days during the last seven days that other people have smoked in their presence is as shown in table-6.

TOTAL NO. OF DAYS	FREQUENCY	PERCENTAGE
0 days	0	0
1 or 2 days	8	2.91
3 or 4 days	9	3.27
5 or 6 days	20	7.27
All 7 days	238	86.55
TOTAL	275	100

Table 6: Distribution of study population by the number of days During the last 7 days people have smoked in the presence of the respondent

Table-7 shows the distribution of the respondents by the use of any form of tobacco by their own parents or guardians.

USE ANY FORM OF TOBACCO BY PARENT/GUARDIAN	FREQUENCY	PERCENTAGE
Neither	0	0
My father or male guardian	247	89.82
My mother or female guardian	14	5.09
Both	14	5.09
I do not know	0	0
TOTAL	275	100.00

Table 7: Distribution of the study population by the use any form of tobacco by parents or guardians of the respondent

4. Discussion

In the present study it was observed that only 1.45 per cent (n=4) of the respondents had never ever smoked any cigarette/bidi or had consumed tobacco in any other form. An overwhelming majority of the respondents were influenced by their fathers and took up smoking, while a very small number of these had both parents resorting to use of tobacco.

In another study conducted in Rajasthan, India, amongst college students, 258 (33.2%) males and 51 (8.4%) of the females had tried or experimented with smoking. Majority of males (24.7%) initiated this habit at a very young age, before 16 years. About 79.5% males and 72.3% females felt that it was difficult to quit smoking. According to 88.1% females and 48.7% males, people feel less comfortable at public places or social gatherings⁴. Another study, in which a total of 1473 students has participated, showed the overall prevalence of 'current tobacco users' as 8%⁵. In yet another study conducted amongst the construction labourers in Mumbai, it was found that the regular consumers of tobacco and alcohol were 50.48 and 14.65%, respectively⁷. A study conducted in Ghaziabad district to assess the usage of tobacco, amongst other substances commonly abused found that 72.5% of respondents indulged in this habit. Smoking tobacco was the most common type of adverse habit in males while chewing tobacco in females⁹. While in another study on prevalence of substance use it was seen that 52.7% students belonging to age group 19 to 21 years were regular smokers¹⁰.

5. Conclusion

A majority of the respondents were habitual smokers and were influenced by their fathers before taking up smoking. A very small number of these had both parents resorting to use of tobacco. Therefore, it is imperative to educate this migrant population on the hazards of tobacco and help to control the tobacco epidemic.

6. Conflict of Interest

None identified

7. Acknowledgement

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