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A study on tobacco consumption in various forms among the tobacco field workers

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ABSTRACT

Background:- The tobacco field workers are more prone for the tobacco hazards. Hypothesis :- As the tobacco in any form is gravely injurious to the health and tobacco field workers are more prone for the habits of same **Objective:-** To find out the prevalence of tobacco use and tobacco addiction in the tobacco field workers. **Methods & Materials:-** Tobacco chewing habits Tobacco chewing dependence/Addiction Tobacco Smoking habit Tobacco smoking dependence/Addiction **Design:-** 178 males and 247 females were involved in this study. Then the complete personal history is obtained regarding tobacco use. **Results:-** 80.89% men have the tobacco chewing habit and 68.55 % men are Addicted to this habit. 82.59% female have the tobacco chewing habit and 70.85 % female are Addicted to this habit. 56.17% men have the smoking habit and 50% men are Addicted to this habit. But interestingly in female, 3.64% female have the smoking habit and 0.8% female are Addicted to this, thanks to Indian customs. **Conclusion:-** Health education regarding the tobacco & its products is very essential particularly to the high risk individuals. They should be counseled and deaddicted in deaddiction centre. Free medical facility should be provided to this high risk group. Particularly WHO's MPOWER policies can counter the tobacco epidemic and reduce its death toll. (2)

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1. Introduction

Thousands of scientific investigations have confirmed the association of tobacco use with various diseases, and have provided additional evidence implicating tobacco use as a cause of coronary artery diseases, stroke, obstructive Airway Diseases, peripheral vascular diseases, pregnancy complications including intrauterine growth retardation, and various neoplasms including cancer of oral cavity, larynx, oesophagus, urinary bladder, kidney, stomach, pancrease, and cervix [1]. Children of smokers have an increased frequency of respiratory and middle ear infections and are at risk of

impaired lung function. Passive smoking by asthmatic children increases the frequency & severity of asthmatic episodes. In adult asthmatics, passive smoking results in an increased likelihood of wheezing, bronchitis symptoms and physician diagnosed asthma [2].

India's Tobacco Board is headquartered in Guntur. India has 96,865 registered tobacco farmers and many more are not registered. Around 0.25% of India's cultivated land is used for tobacco production. Since 1947, the Indian government has supported growth in the tobacco industry. India has seven tobacco research centers that are located in Madras (now known as Chennai, Tamil Nadu), Andhra Pradesh, Punjab, Bihar, Mysore, West Bengal, and Rajahmundry. Rajahmundry houses the core research institute. The government has set up a Central Tobacco Promotion Council, which works to increase exports of Indian tobacco [3].

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And particularly the situation of workers in the fields of tobacco is very grave, because they are easily motivated to consume the leaves of tobacco plant as:-

- a) It is easily available
- b) It gives the pleasure kick
- c) Follow the Co-workers habit
- d) It is free (tobacco leaves)

So the workers with in short period of time will become habituated for this habit, and ultimately they will become addict/dependent. The tobacco workers will not face any difficulty for the smoking of Bidi, Cigarettes etc, as they are already habituated with the tobacco. And moreover they start using other forms of smokeless tobacco as burnt tobacco tooth powder, snuff, pan masala, khaini etc.

The tobacco crop is expensive, time consuming and health deteriorating to the farmers and it is leading to deforestation. Tobacco crop is leading to child labour, school dropout and misery to the women, tribal people [4].

Green tobacco sickness (GTS)/nicotine poisoning is a unique occupational poisoning associated with tobacco farming. Symptoms include severe headaches, abdominal cramps, muscle weakness, breathing difficulties, diarrhoea and vomiting, high blood pressure and fluctuations in heart rate, according to the WHO. Since the handling of the leaves is done largely without protective clothing, workers absorb up to 54 milligrams of dissolved nicotine daily through their skin, equal to the amount of 50 cigarettes [5,6].

2. Materials and methods

The methods adopted for the present study are:-

1. Consent taking
2. History taking
3. General & systemic examination

Study subjects were selected from Guntur (AP) rural area in the age group of 16-55 years, Subjects were 425, males 178 & female 247. For the study subjects exclusion criteria and inclusion criteria applied.

2.1. Exclusion criteria

- Below 16 years or above 55 years
- Not a working in tobacco fields
- Congenital abnormality
- Skeleton- Muscular abnormality

2.2. Inclusion criteria

- In the Age group of 16- 55 years
- Worker in tobacco field

All the participants were informed about the purpose of study nature, and informed consent have been obtained. A general and systemic examination was carried out. This study is approved by Institutional Ethical committee.

A detailed personal history is taken particularly regarding tobacco use.

Those who were found to have tobacco chewing habit, most of them are also using other forms of tobacco. So in this study we have taken tobacco chewing habit as a representation for all forms of smokeless tobacco use. The word Dependence/Addiction here used to indicate that the respective person can't stay without using the tobacco for period of 6 to 8 hours.

3. Results

80.89% men have the tobacco chewing habit and 68.55 % men are Addicted to this habit. 82.59% female have the tobacco chewing habit and 70.85 % female are Addicted to this habit. 56.17% men have the smoking habit and 50% men are Addicted to this habit. But interestingly in female, 3.64% female have the smoking habit and 0.8% female are Addicted to this, thanks to Indian customs.

Tobacco use in smokeless form was predominant in females. While smoking was the predominant form of tobacco use among males along with other forms too. One thing observed during study period is tobacco use once initiated, is continued and quitting of tobacco use is infrequent. No need to say these individuals are suffering from diseases related to tobacco use [Table no. 1].

4. Discussion

Tobacco is the single most preventable cause of death in the world today. Tobacco is killing more people – more than tuberculosis, HIV/AIDS and malaria combined. By 2030, the death toll will exceed eight million a year. Unless urgent action is taken tobacco could kill one billion people during this century [2].

Tobacco is the only legal consumer product that can harm everyone exposed to it – and it kills up to half of those who use it as intended. Yet, tobacco use is common throughout the world due to low prices, aggressive and widespread marketing, lack of awareness about its dangers, and inconsistent public policies against its use. (2)

Table No. 1 Tobacco use in smokeless form was predominant in females

Age in years	Sex	Tobacco chewing habit	Addict of tobacco chewing	Smoking habit	Addict of smoking
16-25	M-28	16 (57.14)	10 (35.71)	8 (28.71)	5 (17.85)
	F-35	23 (65.17)	15 (42.85)	0	0
26-35	M-29	21 (72.41)	18 (62.06)	13 (44.82)	10 (34.48)
	F-67	53 (79.1)	46 (68.65)	2 (2.98)	0
36-45	M-67	58 (86.56)	51 (76.11)	41 (61.19)	38 (56.71)
	F-82	73 (89.02)	65 (79.26)	3 (3.65)	0
46-55	M-54	49 (90.74)	43 (79.62)	38 (70.37)	36 (66.67)
	F-63	55 (87.30)	49 (77.77)	4 (6.34)	2 (3.17)
Total	M-178	144 (80.89)	122 (68.55)	100 (56.17)	89 (50)
	F-247	204 (82.59)	175 (70.85)	9 (3.64)	2 (0.8)

M for male, F for female. In () % given

Most of tobacco's damage to health does not become evident until years or even decades after the onset of use. So, while tobacco use is rising globally, the epidemic of tobacco-related disease and death has just begun [2].

The Indian Government and several states have taken multiple measures to reduce Cigarette smoking. Smoking in public places is banned in many states, it is not allowed to be portrayed in movies, and warnings are posted on cigarette packs.

5. Conclusion

Tobacco field workers are a High risk group for developing the tobacco related diseases. Health education regarding the tobacco & its products is very essential particularly to the high risk individuals.

Free medical facility should be provided to this high risk group. Particularly WHO's "MPOWER" policies can counter the tobacco epidemic and reduce its death toll.⁽²⁾

MPOWER stand for

1. Monitor tobacco use and prevention policies
2. Protect people from tobacco smoke
3. Offer help to quit tobacco use
4. Warn about the dangers of tobacco use
5. Enforce bans on tobacco advertisements, promotion and sponsorship
6. Raise taxes on tobacco

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