A SOCIOLOGICAL STUDY ON PREVALENCE AND PATTERN OF TOBACCO USE IN RURAL AREA OF KANCHIPURAM DISTRICT, TAMILNADU

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ABSTRACT:

The main aim of the study is prevalence and pattern of tobacco use in rural area of Kanchipuram district in Tamilnadu. The community based cross sectional study was under taken in the study area. Door to door household survey conducted and 200 available men & women of age more than 18 years were interviewed on pretested and semi structured schedule. The result shows that majority of the male respondents are found (25%) Tobacco users, (16%) Smokers as compared to female respondents. But Chewers are found more (35%) females as compared to male respondents. The study exhibits that the majority of the male respondents belong to the age group of 46 to 60 years are found more Tobacco Smokers as compared to other age group. Besides same age group are found more among female respondents are Tobacco Smokers. Further the data shows that the male respondents belong to Hindu religion (62.5%) are found more Tobacco Smokers than Muslim respondents while as female respondents belong to both religion are same found in Tobacco Smokers. On the basis of year of schooling, the male respondents who are illiterates "No schooling" are found more as compared to other year of schooling groups. Among female respondents those who are illiterates "No schooling" and those who have 1 to 5 year schooling found more Tobacco Smokers as compared to other groups. Further more, the study shows that majority of the respondents (male/female) whose socio-economic status is <773 are found more Tobacco Smokers as compared to other groups of socioeconomic status of the respondents.

Keywords: Health, Cessation, Knowledge, Rural Area, Tobacco

INTRODUCTION

Tobacco items are made absolutely or halfway from dried leaves of the plant *Nicotina tobacum*, as a crude material, which is proposed to be smoked, bitten, or snuffed. Every one of these items have Nicotine, an exceptionally addictive psychoactive specialist. Tobacco use is one of the fundamental hazard factors for various interminable ailments including malignant growth, lung sicknesses, and cardiovascular infections. Tobacco is developed in numerous districts far and wide and can be lawfully purchased in the vast majority of the nations. Beedi, stogies, cigarettes, and hookah are scarcely any smoking types of tobacco and biting tobacco, plunging tobaccos, gutka, and snuff are non-smoking structures. While the commonness of tobacco use has declined in some high-salary nations, it is expanding in some low and center pay nations, particularly among youngsters and ladies. Among these various types of tobacco, the regular items accessible and utilized are beedis, cigarettes, biting structures, and gutka. The expansion in utilization of these items happens because of different reasons. For instance, the offer of single cigarettes is a significant method for pulling in kids who can't bear to purchase an entire bundle of cigarettes (WHO, 2016; WHO, 2016; Neelopant, and Shilpa, 2016).

Tobacco use is the main preventable reason for dreariness and mortality universally. The World Health Organization (WHO) gauges 1.1 billion smokers on the planet today a figure expected to ascend to 1.64 billion by 2025. India is the third biggest maker and purchaser of tobacco on the planet. Tobacco-related propensities for the most part start during pre-adulthood, and dominant part of the youngsters who begin trying different things with tobacco, keep on utilizing it into adulthood because of dependence on the propensity. In India alone, about 1 of every 10 young people in the age gathering of 13-15 years have smoked cigarettes in any event once, and practically 50% of these report starting tobacco use before 10 years old (Saji *et al.,* 2014). Among different ailments, tobacco use expands hazard for cardiovascular malady, lung and oral depression diseases. Tobacco use represents one out of six passings because of non transmittable infections (NCDs). In India tobacco utilization pushes roughly 150 million individuals in destitution (United Nations, 2013; Ray *et al.,* 2009).

In India predominance of smoking and tobacco biting shows checked geological contrast at the degree of towns, locale and states much subsequent to controlling for the individual and family unit segment markers (Dixit *et al.,* 2015). Our examination is engaged to discover these difficulties and holes. The target of the current investigation is get to size, financial, segment

associates of tobacco utilization, information toward sick impact of tobacco on wellbeing and demeanor towards end in kanchipuram area Tamilnadu, India.

METHODS

The present community based cross sectional study was under taken in rural area of Kanchipuram District. Study period was Mar 2019 to Aug 2019. Door to door household survey conducted and 200 available men & women of age more than 18 years were interviewed on pretested and semi structured schedule. In this study used on Simple Percentage Analysis.

RESULT AND DISCUSSION

Table 1: Prevalence of tobacco consumption habit In Kanchipuram District

Sex	Tobacco users (%)	Smoker (%)	Chewers (%)
Male	50 (25%)	32 (16%)	18(9%)
Female	28 (14%)	2 (1%)	70 (35%)
Total	78 (39%)	34 (17%)	88 (44%)

Table 1 illustrated that 25% male respondents are Tobacco users, 16% male respondents are Smokers and 9% male are found Chewers. As compared to females, 14% female respondents are Tobacco users, 17 % female respondents are Smokers and 44% female respondents are Chewers.

Table 2: Socio-Economic correlation of tobacco consumption habit among Male in Kanchipuram District

Variable	Tobacco Smoker (n=32) (%)
Age (yrs)	
18-30	2 (6.25%)
31-45	4 (12.5%)
46-60	23 (71.875)
>60	3 (9.375)
Religion	
Hindu	20 (62.5%)
Muslim	12 (37.5)
Educational Status (year of	

schooling)	
No schooling	19 (59.37%)
1-5 yr	8 (25%)
6 to 12	3 (9.375%)
More than12 yr	2 (6.25%)
Socio-Economic status*	
Rs 5156 & above	3 (9.37%)
Rs 2578-5155	2 (6.25%)
1547-2577	5 (15.62%)
773-1546	7 (21.875%)
<773	15 (46.87%)

With regard to age groups, the above table shows that 6.25% male respondents belong to the age group of 18 to 30 years are Tobacco Smokers, 12.5% male respondents belong to the age group of 31 to 45 years are tobacco Smokers, 71.85% male respondents belong to the age group of 46 to 60 years are Tobacco Smokers and 9.37% male respondents belong to the group of >60 years are Tobacco Smokers.

On the basis of religion, the above table shows that 62.5% male respondents belong to Hindu religion are Tobacco Smokers while as remaining 37.5% male respondents belong to the Muslim religion are Tobacco Smokers.

With respect to educational status, 59.37% male illiterate respondents (No schooling) are Tobacco Smokers, 25% male respondents whose year of schooling is 1 to 5 years are Tobacco Smokers, 9.37% male respondents whose year of schooling is 6 to 12 years and remaining 6.25% male respondents whose year of schooling is more than 12 years are Tobacco Smokers.

With regard to socioeconomic status of the respondents, the above table reveals that 9.37% male respondents whose socio-economic status is Rs. 5156 and above are found Tobacco Smokers, 6.25% male respondents whose socio-economic status is 2578 to 5155 are found Tobacco Smokers, 15.62% male respondents whose socio-economic status is 1547 to 2577 are found Tobacco Smokers, male 21.87% respondents whose socio-economic status is 773 to 1546 are Tobacco Smokers while as 46.87% male respondents whose socioeconomic status is <773 are found Tobacco Smokers.

Table 3: Socio-Economic correlation of tobacco consumption habit among female in Kanchipuram District

Variable	Tobacco Smoker (n=2) (%)
Age (yrs)	
18-30	0 (0)
31-45	0 (0)
46-60	2 (100%)
>60	0 (0)
Religion	
Hindu	1 (50%)
Muslim	1 (50%)
Educational Status (year of schooling)	
No schooling	1 (50%)
1-5 yr	1 (50%)
6 to 12	0 (0)
More than12 yr	0 (0)
Socio-Economic status*	
Rs 5156 & above	0 (0)
Rs 2578-5155	0 (0)
1547-2577	0 (0)
773-1546	0 (0)
<773	2 (100%)

On the basis of age group, the above table shows that 100% female respondents belong to the age group of 48 to 60 years are Tobacco Smokers.

With regard to religion, the above table shows that 50.% female respondents belong to Hindu religion are Tobacco Smokers while as remaining 50.% female respondents belong to the Muslim religion are Tobacco Smokers.

With respect to educational status, 50% female illiterate respondents (No schooling) are Tobacco Smokers, 50% female respondents whose year of schooling is 1 to 5 years are Tobacco Smokers.

With regard to socioeconomic status of the respondents, the above table reveals that 100% female respondents whose socioeconomic status is <773 are found Tobacco Smokers.

Table 4: Factors that led to the initiation of tobacco use

Introduction to the use of tobacco (%)	%
Friends	80 %
Advertisements	10 %
Father	5 %
Mother	1 %
Older sibling	4 %
Reasons for starting the tobacco use (%)	
Experimentation	60 %
Imitating (movie hero)	5 %
Peer pressure	25 %
To be like an adult	10 %
Reasons for use of tobacco products (%)	
Family tradition	2%
To be part of peer group	40%
To kick boredom	46%
To relieve tension	12%

With regard to introduction to the use of tobacco, the above table shows that 80% respondents (male/female) opined to "Friends", 10% respondents opined "Advertisements", 5% respondents selected "Fathers", 1% "Mothers" and remaining respondents selected "Older sibling".

Reason for starting the tobacco use, the above table reveals that 60% respondents (male/female) selected "Experimentation", 5% respondents "Imitating" (movie hero), 25% respondents opined "Peer pressure" and 10% respondents selected "To be like an adult".

Reason for use of tobacco products, the above table exhibits that 2% of the respondents selected "Family tradition", 40% respondents "To be part of peer group", 46% respondents " To kick boredom" and 12% respondents selected "To relieve tension".

CONCLUSION

Commonness of Tobacco propensity is very high. Mindfulness with respect to affect on wellbeing is extremely poor. There is critical need to address their concern. Wellbeing focus/work force might be acceptable help point for the individuals who need to stop tobacco propensity. They may likewise go about as wellspring of data. Because of low quality of pictorial notice on pockets and bundles, individuals in some cases neglect to connect tobacco with morbidities brought about by it and they stay less dazzled by these statutory/pictorial wellbeing alerts. Poor and unskilled people living in rustic region are at the greatest danger of utilizing tobacco. Distinguishing the hole in execution of approaches is basic for accomplishment of the program. Progressively thorough investigations after some time are expected to assess examples of tobacco use and effect of government strategies.

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