The Type of Tobacco Consumption Habits & Related Health Problem Among the Tobacco Users – A Retrospective Study

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Abstract

Background: Tobacco is the leading preventable cause of death in Bangladesh and worldwide. Tobacco use leads most common diseases affecting the heart and lungs. Smoking being a major risk factor for heart attacks, strokes, chronic obstructive pulmonary disease (COPD), emphysema, and cancer. The aim of this study was to evaluate tobacco consump tion habits among users and identify associated health problems. **Material & Methods:** This cross-sectional study was conducted in the Department of Health Education of National Institute of Preven-tive and Social Medicine, Dhaka, Bangladesh. **Results:** In total respondents who were adult male and female were included in the study. We found the Mean ± SD of age was 38.93 ±2.04. According to Sex, 89.30% were male and 10.70% were female and the majority 103.36% respondents of pattern of tobacco consumtion were smokless. 58.68% consumed Zarda, 54.67% cigarette, 27.34% Gul, 17.34% white tobacco, 8.67% Bidi, and rest of 3.34% consumed tobacco as various method. Tobacco con-sumption showed that a majority of knowledge of problem 50.67% were had cough and health problem the majori-ty 34.67% had dental pain. **Conclusion:** Health problem of tobacco use among the respondents they still consumed tobacco, so an effective awareness pro-gram to discourage the consumption of tobacco to protect people from the devastating consequences of tobacco usages for own and for the passive smoker.

Keywords:- Tobacco consumption, Habits, Health related problems, Tobacco users.

INTRODUCTION

Tobacco use is a global public health problem, one person dies in every six seconds due to tobacco use. One of ten deaths is caused by tobacco. 100 million tobacco-related deaths in the last century, expected to reach one billion deaths in the 21st century. Globally, tobacco use is rising. The smoking transition from the western world to developing countries is a development that justifies calling tobacco a public health disaster.[1] Tobacco use and production have extensive negative consequences including poverty, child labor, deforestation, and environmental problems in tobacco-growing countries (WHO). Tobacco fortifies the inequalities between people within

nations but also between low, middle and high income countries all over the world when human health, environmental and economic conditions are considered.[2]

Tobacco usage is high among the Bangladeshi population. In total, 36.8% of persons aged 15 years and above, and 51.7% of persons over 30 years of age were current tobacco users- either through smoking, chewing or both. Over 57,000 people die in Bangladesh each year from tobacco-related diseases. There are a number of types of tobacco including, but are not limited to; aromatic firecured, bright leaf tobacco, burley tobacco, criollo tobacco, turkish tobacco, shade tobacco, white tobacco.[3]

Tobacco is the single greatest cause of preventable death in the Bangladesh and worldwide. Tobacco is the most common cause of heart and lung disease, and smoking is the leading cause of heart attack, stroke, chronic obstruc-tive pulmonary disease (COPD), emphysema, and cancer (particularly lung cancer, cancers of the larynx and mouth, and pancreatic cancer). It also causes peripheral vascular disease and hypertension, all developed due to the exposure time and the level of dosage of tobacco, but up to 35 different diseases are reported to be associated with smoking. Furthermore, the earlier and the higher level of tar content in the tobacco filled cigarettes causes the greater risk of these diseases. Cigarettes sold in developing nations tend to have higher tar content, and are less like-ly to be filtered, potentially increasing vulnerability to tobacco-related disease in these regions.[4] The World Health Organization (WHO) estimates that tobacco caused 5.4 million deaths in 2004 and 100 million deaths over the course of the 20th century. Similarly, the United States Centers for Disease Control and Prevention describes tobacco use as "the single most important preventable risk to human health in developed countries and an important cause of premature death worldwide.[5] Tobacco kills a human every 8 seconds. It is used by 13,400 people every day around the world, and about 5 million people annually. About 700 million children currently live in smoke lad-en homes, and about 250 million children alive today will die in the future from tobacco use. Without effective in-tervention, the tobacco epidemic is estimated to kill 10 million people each year by 2030, with 70% of those deaths expected to occur in developing countries.[6] So, this present study we aimed to assess the types of tobacco consump-tion habits prevalent among tobacco users and identify the health problems.

Objectives

The main objective of the study was to assess the types of tobacco consumption habits prevalent among tobacco users and identify associated health problems.

MATERIAL AND METHODS

This was a cross sectional study and was conducted in the Department of Health Education of National Institute of Preventive and Social Medicine (NIPSOM), Dhaka, Bangladesh.

The total 150 respondents who were adult male and female, aged 18 years above were included in the study. Inter-viewer administered, semi structured questionnaire was developed based on the objectives and variables of the study for collecting data. The questionnaire was pretested among populations to identifying any

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difficulties in un-derstandings questionnaire. After pre testing the questionnaire was modified and finalized. Data was collected by using the questionnaire through face to face interview with the respondents. Before filling the questionnaire the pur-pose of the study was explained very clearly to the respondents. Individual questionnaire were checked for com-pleteness and consistency, separate code number used in subsequent handling of responses.

Collected data was cleaned and edited by the investigator herself. The data were processed manually tabulated and analyzed based on the objectives of the study. Data analyzed by using Statistical Program for Social Scientist (SPSS) - Version 16. The results were calculated with help of an electronic calculator. Data was presented in tabular forms, analyzed and the table and graph followed interpretation of results.

RESULTS

In [Table 1] we showed the baseline demographic profile of tobacco users. We found the Mean ± SD of age was 38.93 ±2.04. We found the respondents according to Sex, out of 150 respondents 89.30% (134) were male and 10.70% (16) were female and the respondents according to Education, we found the majority 31.3% respondent were completed honors. According to marital sta-tus the majority 56% were married.

[Table 2] tobacco consumption shows that the majority 103.36% respondents of pattern of tobacco consumtion were smokless. As for types of tobacco consumption the 58.68% consumed Zarda, 54.67% respondents consumed cigarette as tobacco, 27.34% consumed Gul, 17.34% consumed white tobacco, 8.67% consumed Bidi, and rest of 3.34% consumed tobacco as various method.

[Table 3] show 17.30% respondents consumed white tobacco and 82.70% did not consume, 57.7% used betel nut with white tobacco respond and 42.3% did not use, 53.33% respondents did not take and 46.67% respondents took Zarda with pan, 27.3% were using Gul inside mouth, while 72.7% were not.

[Table 4] frequency of consumption of tobacco shows that the majority 63.41% were gul and 75.71% were zarda with pan consumed from 1-5 years and times in day, 52.86% were zarda with pan and 38.46% were white tobacco consumed from 6-11 years and times in day, 34.15% and 23.17% were Cigarette consumed from above 11 years and times in day.

Table 1: Demographic profile of tobacco users.

Demographic factors		N (150)	Percentage (%)
Mean age (years)		38.93 ±2.04	
Sex	Male	134	89.3
	Female	16	10.7
Education	Illiterate	9	6
	Primary	18	12
	SSC	21	14

	HSC	20	6.3
	Honors	47	31.3
	Masters	30	20
	Technology	6	4
Marital status	Single	65	43.3
	Married	84	56
	Widow	1	0.7
Religion	Muslim	131	87.3
	Hindu	19	12.7

Table 2: Distribution of the respondents according to categories by tobacco consumption.

Tobacco consumption		Frequency	Percentage
Pattern	Smoking	95	63.3
	Smokless	155	103.36
	Others	5	3.341
Types	Bidi	13	8.67%
	Cigarette	82	54.67%
	Gul	41	27.34%
	Pipe	0	0.00%
	White tobacco	26	17.34%
	Zarda	88	58.68%
	Others	5	3.34%

Table 3: Distribution of the respondents by tobacco consumption

Tobacco Consumption	Frequency		Percentage (%)	
	Yes	No	Yes	No
White tobacco	26	124	17.30	82.70
Betel nut with white tobacco	15	11	57.7	42.3
Zarda with pan	70	80	46.67	53.33
Gul	41	109	27.3	72.7

Table 4: Distribution of the respondents according to frequency of tobacco consumption

Frequency of taking white tobac-co		Tobacco Consumption							
		Cigarette stick		White tobacco		Zarda with pan		Gul	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Year	1-5	29	35.36	10	38.46	24	34.29	26	63.41
	6-11	25	30.48	12	46.15	37	52.86	13	31.71
	Above 11	28	34.15	4	15.38	9	12.86	2	4.88
Day	1-5	53	64.63	15	57.69	53	75.71	26	63.41
	6-11	10	12.2	10	38.46	14	20	13	31.71
	Above 11	19	23.17	1	3.84	3	4.29	2	4.88

Table 5: Distribution of the respondents according to problem due to tobacco consumption

Problem of tobacco consumption		Frequency	Percentage (%)
Knowledge of problem	Oral Ulcer	46	30.67
	Cough	76	50.67
	Chest Pain	56	37.33
	Vertigo	41	27.33
	Abdominal Pain	22	14.67
	Difficulty in Respiration	59	39.33
	Difficulty in Vision	35	23.33
	Difficulty in Taste	60	40
Health problem	High Blood Pressure	28	18.67
	Low Blood Pressure	5	3.33
	Abdominal Pain/Vomiting	30	20
	Difficulty in Respiration	50	33.33
	Cancer	3	2
	Dental Pain	52	34.67
	Difficulty in Vision	40	26.67

[Table 5] problem of tobacco consumption showed that a majority of knowledge of problem 50.67% were had cough, followed by 40% were difficulty in taste, 39.33% were difficulty in respiration, 37.33% were chest pain, 30.67% respondents were that oral ulcer, 27.33% were ver-tigo, 23.33% were difficulty in vision, 14.66% were abdominal pain. As for health problem the majority 34.67% had dental pain, 33.33% respondents had respiratory problem, 26.67% were dif-ficulty in vision, 20% were abdominal pain/vomiting, 18.67% were high blood pressure, 3.33% had low blood pressure, and 2% had cancer.

DISCUSSION

In this study showed that out of 150 respondents the mean age of the study population was 38.933 years, SD ±2.04364. The present study found that out of 150 respondents, 89.30% were male and 10.70% were female. [Table 1] Which is similar to the study conducted by BBS on prevalence of smoking in Bangladesh, November 1995 found that in case of both males and females the smoking habits increases with the advancement of age for males. They found that male smokers were about 9 times higher than that of females.[7] The educational level of 150 re-spondents were the majority 31.3% respondent were completed honors. In this study out of 150 respondents 56% were married 43.33% were unmarried and 10.7% were widow. Religious distribution shows that out of 150 respond-ents 87.3% were Muslims and 12.7% were Hindu religion respectively. There were no divorced or separated re-spondents were found. [Table 1] The study found that pattern of consumption shows that out of 150 respondents here 63.34% (95) consumed smoking tobacco and 103.36% (155) consumed smokeless tobacco and 3.34% (5) consumed other type of tobacco. Types of tobacco consumption out of 150 respondents. Most of the respondents 58.68% were took Jorda

followed by 54.67% respondents were consumed cigarette as tobacco, 27.34% were taking Gul, 17.34%were consumed white tobacco 8.67% were consumed biri and rest of 3.34 % are consumed tobacco as various method shown on [Table 2]. This is not similar the study which revealed that out of 106 respondents 47(71.2%) had used to Zarda, 13(19.7%) to gul.[8] Frequency of tobacco consumption that the majority 63.41% were gul and 75.71% were zarda with pan consumed from 1-5 years and times in day, 52.86% were zarda with pan and 38.46% were white tobacco consumed from 6-11 years and times in day, 34.15% and 23.17% were Cigarette consumed from above 11 years and times in day. [Tbale 4] Above finding is not similar to the study conducted by Mahiuddin M. A study on Tobacco consumption habits among the workers of a biri (bin) factory in Bangladesh. revealed that out of the 275 workers interviewed 74.55% were found to be as tobacco consumers. Among them 86.83% were smoked biri/cigarette, 40% were chewed pan with tobacco and l2.20% used gul.[9] The similar study was conducted by Hosain M, Saha S, Nasrin S. Tobacco and pregnancy outcomes in a rural area of Bangladesh, APHA scientific session and listing, where the prevalence of tobacco chewing was very high (53.4%) in the form of zarda which finding is similar of this study. (Sweetened tobacco).[10] Problem of tobacco consumption revealed that a majority of knowledge of problem 50.67% were had cough, followed by 40% were difficulty in taste, 39.33% were difficulty in respiration, 37.33% were chest pain, 30.67% respondents were that oral ulcer, 27.33% were verti-go, 23.33% were difficulty in vision, 14.66% were abdominal pain. As for health problem the majority 34.67% had dental pain, 33.33% respondents had respiratory

problem, 26.67% were difficulty in vision, 20% were abdominal pain/vomiting, 18.67% were high blood pressure, 3.33% had low blood pressure, and 2% had cancer. [Table 5] The study conducted by Bhopal, R.S Asian's Knowledge and behavior on preventive health issues, the findings of the study showed Cigarette causes 39% Lung cancer, l4% Cancer General, 37% Bronchitis and other chest problems, l1% Heart diseases 5% asthma 3% TB and Liver damage.[11] The finding is near about same with this study. The study conducted by Khanom, K.: Knowledge and attitude of smoking among the Bangladesh secretariat staff. ADHUNIK, here she found that nearly 39% of respondents we reported to be smokers More than 94% of the re-spondents had admitted that smoking was harmful. But the knowledge on the tobacco smoking related disease was found to be very poor.[12] The finding was dissimilar the study was conducted by Shanmugandan, S. et al in 1987 among rural population of Madurai district in India, here she found cold 29.4%, Chest pain 28.7%, cold and chest pain 16.3%, dental problems 9.5%, abdominal problems 12.6% and dry lips 3.9%.[13] The finding was near about of this study, because in this study most of the respondent said about dental pain 34.67%. But here she found dental pain 9.5%. On the other hand, A recent study conducted by WHO Bangladesh found that 41% of the major tobac-co related disease are attributable to tobacco usage (zaman et al 2007),[14] here abdominal pain finding is same 18.67% which findings is similar of this study.

Limitations of The Study

Our study was had many limitations. Most of the people had good knowledge about the

harmful effects of tobacco but people consumed this so only good motivation and anti-smoking awareness can prevent tobacco consume and make our nation healthy.

CONCLUSIONS

Tobacco is often referred to as a silent killer because of its harmful effects, which extend beyond physical problems and also impose a burden on developing countries like Bangladesh. The diseases associated with tobacco consump-tion result in significant disability among both men and women, including pregnant women who smoke or use to-bacco in any form. These health issues not only affect the individuals directly but also place a strain on the healthcare system and overall economy. The study revealed that out of 150 respondents the tobacco consumption was within the age group of 21-25 years in 27.3%. Here 89.30% were male populations and most of them were lit-erate person that was 31.30%Honors, 20% Masters, 14%SSC, 13.3%HSC, and 12% Primary level of education. Here 63.34% consumed smoking tobacco and 103.36% consumed smokeless tobacco. Health problems of the re-spondents include 34.67% Dental Pain, 33.33% difficulty in Respiration, 20% abdominal Pain/Vomiting, 18.67% suffer from high Blood Pressure, 3.33% from Low Blood Pressure respondents, 26.27% difficulty in vision. and only 2% respondents had Cancer. So preventive programme could be targeted among tobacco users to prevent tobacco use. It is crucial for Bangladesh to address the challenges posed by tobacco use through comprehensive tobacco control measures, public awareness campaigns, and support for smoking cessation programs.

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