

A study on personal profile of tobacco users in Madurai east block

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Abstract

Tobacco use is one of the most common problems today all over the world. Regular use of tobacco may cause lung, throat and tongue cancer. Tobacco use is higher among the rural, illiterate, and poor population (Kyaing N.N et al. 2011). Jha.P. et al.(2006) stated in their study on tobacco addiction that the annual tobacco deaths will rise to 10 million by 2030. The 21st century is likely to see 1 billion deaths due to tobacco use, most of them will be in low-income countries. The initiation of Tobacco use in any form is related to personal factors like age, sex, social class, education, income, etc. The present study deals with the personal profile of tobacco users in Madurai East Block. The study is a descriptive study which was conducted in 6 villages covering 841 tobacco users in Madurai East Block which is a suburban area of Madurai. The major findings indicate that about one third of the tobacco users (37.1%) were from 21-40 years age group, a little more than half of the respondents (42.3%) using tobacco were illiterates and tobacco habit was dominant among married people (71.1%). The habit was very common among manual labored with 64.1 percent and very low among business man with 1.2 percent. It is also observed that the increasing rate of tobacco use was found among those who live in nuclear family (73.6%) than in Joint family (24.2%) because the individual is monitored and controlled by elder people in joint family than in nuclear families. Creating awareness about ill-effects of tobacco use and implementing effective measures for prevention and treatment are the need of the hour to reduce the use of tobacco significantly. Hike in the price of tobacco products may reduce the purchase of those products among the users.

Key Words: cancer, tobacco, intoxicants, customs

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1. Introduction

Man is a social, rational and an emotional being. As a social being he learnt to live in a society which necessitated the formation of society. While his rationality paved the way for inventions and discoveries for the upliftment of the society integrated part his emotions form the strong base for motivation and behavioural formation which, in turn plays a vital role in the origin and sustenance of habits and customs. The emotional imbalance which afflicts him more often is caused and aggravated by biological factors and social environment. In order to escape from it, he resorts to the use of intoxicants like alcohol, tobacco under the pretext of entering into oblivion through the numbness caused by these substances. According to WHO (2002), tobacco use in India is estimated to cause 800,000 deaths annually. The national prevalence of smoking tobacco was 16.2% and the overall prevalence of tobacco use in Tamil Nadu was 5.2%. The highest prevalent rate was observed in Pudukottai district (19.9%) and the lowest rate was observed in Thanjavur district (1.2%) whereas in Madurai district it was 3.1% (TNTS 2015-2016). The present study deals with the personal profile of tobacco users in Madurai East Block.

2. Methodology

The major objectives of the present paper is to understand the socio-demographic profile of the respondents and; to know relationship between socio-economic factors and tobacco use of the study population

Descriptive research design has been adopted for this study. Out of 39 villages in Madurai East Block who were exposed to tobacco use, 6 villages were selected randomly using lottery method. The primary data were collected from the adolescents, middle age and old age people who were available between 9am and 6 pm from the 6 villages with the use of interview schedule. Thus the study

population comprised of 841 people (648 male and 193 female). Data were analyzed using Frequency and simple percentage.

3. Results and Discussion

Personal profile of tobacco users is taken into account in this study. Among many personal factors age is the important one. Age indicates the maturity and decision making capacity. It plays an important role in determining the initiation of smoking habits of an individual. The risks of tobacco related diseases are higher for those who start it at an early age than others. In Tamil Nadu, an estimated of 28, 64,400 people aged 15 years and above use tobacco in any form (TNTS 2015-2016). Therefore it is important to present the age of the respondents in this study.

Table 1: Distribution of Tobacco Users with respect to Age and Sex

S.No	Age	Sex				Total	
		Male		Female		N	%
		N	%	N	%		
1	Below-20years	68	8.1	6	0.7	74	8.8
2	21-30years	126	15	14	1.7	140	16.7
3	31-40years	150	17.1	28	3.3	178	20.4
4	41-50years	136	16.2	41	4.9	177	21.1
5	51-60years	91	10.8	53	6.3	144	17.1
6	Above-60years	77	9.2	51	6.1	128	15.3
	Total	648	76.4	193	23	841	100

The study population comprised of 841 people, out of which 648 were males and 193 were females. Among the study population, Number of male tobacco users (77.05 %) was more than that of female users (22.95%).

From the above table it is found that 17.1 percent of male and 3.3 percent of female respondents were between the age range of 31-40 years while 16.2 percent of male and 4.9 percent of female respondents were between the age range of 41-50 yrs. As many as 10.8 percent of male and 6.3 percent of female respondents were aged between 51-60 yrs. 15 percent of males and 1.7 percent of females belonged to the age range of 21-30yrs. In the age group of above 60 years 9.2 percent were males and 6.1 percent were females. Those aged below 20 years were relatively less in percentage. Respondents below the age of 20 years were less in percent because some initiate the use of tobacco products at this age and the incidence occurs in other age groups also. The higher prevalence of use of tobacco products with the increasing age denotes

that many of them started using tobacco products at an early age and some have initiated in the later age ranges including the current age range. So prevalence of tobacco use is more in 21-60 years. The study conducted by **Rani.Met al. (2003)** reveals the same results that Thirty percent of the study population was 15 years or older among whom 47% was men and 14% was women using either chewable tobacco or smoked. The present study also reveals a declining trend among those who are above 60, which may be due to cessation of tobacco use by few people. Further males outnumber females in all the age groups because males are more active with high freedom in picking up any new habits including tobacco use.

Table 2: Distribution of Tobacco Users with respect to Education

S.No	Education Level	Sex				Total	
		Male		Female		N	%
		N	%	N	%		
1	Illiterate	217	25.8	139	16.5	356	42.3
2	Knows to sign	112	13.3	27	3.2	139	16.5
3	Primary Education	84	10	10	1.2	94	11.2
4	Middle School	102	12.1	10	1.2	112	13.3
5	Secondary	66	7.8	3	0.4	69	8.2
6	Higher Secondary	33	3.9	1	0.1	34	4
7	Undergraduate	28	3.3	3	0.4	31	3.7
8	Post Graduate	5	0.6	0	0	5	0.7
9	Others	1	0.1	0	0	1	0.1
	Total	648	76.9	193	23	841	100

Education is one of the important factors which have greater influence on tobacco consumption. The tobacco use among males was higher (4.3%) compared to females (0.9%) (**TNTS 2015-2016**). The risks by tobacco use were higher among illiterate participants (male OR = 7.38, female OR = 20.95) than among college educated participants (Sorenson.Get al.2005).

From the table above it is found that about one fourth (25.8 percent) of male and 16.5 percent of female respondents were illiterates. 13.3 percent and 3.2 percent of male and female respondents respectively known only to put their signature. While 12.1 percent of male and 1.2 percent of female respondents had middle school level of education 10 percent of male and 1.2 percent of female respondents had studied upto primary level of education. Only 7.8 percent and 0.4 percent of male and female respondents respectively had secondary level of education. Respondents having higher secondary, undergraduate, postgraduate, and other level of education were negligible in percentage and the percentage of respondents shows a declining trend in the higher education

level. Respondents belonging to illiterate category and successively up to secondary level of education are more. This is because of the fact that the study area includes villages where high percentage of people were illiterates and with low education. There were decreasing percent of respondents with increasing education which might be due to the fact that those with higher education use tobacco products less. Thus illiterates and those with lesser education were more. The same trend continued in both male and female respondents but male respondents outnumbered females in all the categories of education. This finding matches with the reports of stating that women's tobacco use is higher among women with higher secondary education than graduated women. The finding also matches with the study conducted by **Rani.M.et al. (2003)** which stated that tobacco use is higher in less educated women and poorer social strata.

Table 3: Distribution of Tobacco Users with respect to Marital Status

S.No	Marital status	Sex				Total	
		Male		Female			
		N	%	N	%	N	%
1	Married	483	57.4	166	19.7	649	77.1
2	Un married	152	18.1	18	2.1	170	20.2
3	Living Singly	13	1.6	9	1.1	22	2.7
	Total	648	77.1	193	22.9	841	100

Marriage is one of the universal social institutions by which family is established. In developing countries, girls are getting married earlier than boys. The social status, roles and responsibilities are assigned after marriage to the married couple.

From the table it is found that more than half of (57.4%) males and 19.7 percent of females were married. As many as 18.1 percent of males and only 2.1 percent of female respondents were unmarried. Only negligible percent of male (1.6%) and female (1.1%) respondents were singles.

A high majority of the respondents were married because respondents below the age of 20 years were less. **Loaiza sr. E and Wong S (2012)** states that early marriage occurs among girls who are poor, have low educational level and live in rural areas. Marriage is a sacred institution in India and

usually people get married in 20s. Hence married are more than unmarried. Very meager percentage of respondents were singles because of death of spouse, separation and other factors. Males outnumber in all the categories because male respondents are more. The study of **Wang Z et al. (2014)** revealed that gender and marital status were associated with nicotine dependence.

Table 4: Distribution of Tobacco Users with respect to Occupation

S.No	Occupational Status	Sex				Total	
		Male		Female			
		N	%	N	%	N	%
1	Manual Labour	421	50.1	118	14	539	64.1
2	Skilled Work	134	15.9	17	2	151	17.9
3	Office work	19	2.3	4	0.5	23	2.8
4	Business	8	1	2	0.2	10	1.2
5	Unemployed	66	7.8	52	6.2	118	14
	Total	648	77.1	193	22.9	841	100

From the table it is found that about half (50.1 percent) of male and 14 percent of female respondents were manual labourers while 15.9 percent and 2 percent of male and female respondents respectively were doing skilled jobs. As many as 7.8 percent of the male and 6.2 percent of the female respondents were unemployed. There were a negligible percentage of male and female respondents doing office jobs while extremely negligible percentage of the respondents were doing business. Manual labourers were more and skilled labourers occupied next position because the respondents were from villages. Professionals and those doing business were also less reflecting the nature of villages. A considerable percentage of respondents were unemployed many of whom were waiting for job opportunities and few were not in the position to take up job opportunities because of health and other reasons. After age and education, occupation plays a significant role. The study conducted by **Sorensen G. et al. (2005)** showed that unskilled male workers (OR = 1.66), male service workers (OR = 1.32), and unemployed individuals (male OR = 1.84, female OR = 1.95) were more at risk than professionals. The availability of tobacco products within few kilometers from the work place is also one of the reasons for frequent use of tobacco

Table 5: Distribution of Tobacco Users with respect to Income

S.No	Monthly income	Sex				Total	
		Male		Female		N	%
		N	%	N	%		
1	< 2000	225	26.8	134	15.9	359	42.7
2	Rs 2001 – 3000	154	18.3	30	3.6	184	21.9
3	Rs 3001 – 4000	107	12.7	12	1.4	119	14.1
4	Rs 4001 – 5000	70	8.3	9	1.1	79	9.4
5	Rs 5001 – 6000	35	4.2	2	0.2	37	4.4
6	>Rs 6000	57	6.8	6	0.7	63	7.5
	Total	648	77.1	193	22.9	843	100

From the table it is found that more than one fourth (26.8 percent) of male and 15.9 percent of female respondents were earning below Rs.2000 per month, while 18.3 percent and 3.6 percent of male and female respondents respectively had a monthly income between Rs.2001-3000. As many as 12.7 percent of male and only 1.4 percent of female respondents had a monthly income between Rs.3001-4000. 8.3 percent and 1.1 percent of male and female respondents respectively had a monthly income between Rs.4001-5000. 6.8 percent of male and 0.7 percent of female respondents' monthly income was above Rs.6000. 4.2 percent of male and 0.2 per cent of female respondents' monthly income was between Rs.5001-6000.

Respondents were more in low income categories because income always corresponds to the occupation. As a majority of the respondents were doing manual labour and skilled job, their income was relatively low. Those in professional and business categories were less in number and so the income is naturally high.

Income indicates the individual's purchasing capacity. When the income increases, the purchase of tobacco products by an individual will also increase. The study conducted by **Casetta, B et al. (2017)** showed that current cigarette smoking was significantly associated with lower income worldwide and across subgroups.

Table 6: Distribution of Tobacco Users with respect to No. of Children Having

S.No	Number of Children	Sex				n=841	
		Male		Female		N	%
		N	%	N	%		
1	Male Up to 2 More than 2	433	51.5	156	18.5	589	70
		215	25.6	37	4.4	252	30
2	Female Up to 2 Above 2	495	58.9	148	17.6	643	76.5
		153	18.2	45	5.4	198	23.5

From the table it is observed that 51.5 percent of male and 18.5 percent of female respondents had two male children or less whereas 25.6 percent of male and 4.4 percent of female respondents had more than 2 male children. As many as 58.9 percent of male and 17.6 percent of female respondents had 2 or less number of female children whereas 18.2 percent and 5.4 percent of male and female respondents had more than 2 female children.

Majority of male and female respondents had two or less number of children. This is because majority of the families had adopted small family norm and so number of children were less in these families. Most of the others had 3 children and some had more than 3 children because they gave birth to 3rd and 4th children as they wanted to have male child. In India, there is a long-standing social and cultural norm of son preference for several reasons (**Pande.R.P. and Astone.N.M. 2007**). First, only sons are allowed to carry forward the family legacy and name. India is a patriarchal society, in which sons inherit the family's patrimony. Parents prefer male children because sons are expected to provide financial support and care for their parents in old age.

In addition, because men are more likely to enter the labour force and earn higher wages, these gender gaps in the labour market further contribute to a family's preference for boys. In Indian tradition, daughters are married out and become part of another family. Because parents provide a dowry when daughters marry, families prefer to have boys so they can receive a dowry when their sons marry. In this type of patrilineal familial system, if the firstborn is a girl, parents are likely to continue having children until a son is born.

Table 7: Distribution of Tobacco Users with respect to Family Type

S.No	Type of family	Sex				Total	
		Male		Female		N	%
		N	%	N	%		
1	Joint family	157	18.7	46	5.5	203	24.2
2	Nuclear family	483	57.4	137	16.3	620	73.6
3	Extended nuclear family	8	1	10	1.2	18	2.2
	Total	648	77	193	23	841	100

Family is the first and foremost agent of socialization for any individual. He learns all basic habits, roles and responsibilities from his family members. When the family members have bad

habits such as smoking, the children will also follow the same habits. That is why, many males in Indian families smoke outside their home. In joint family, the power is vested with the eldest male member. Thus, we can observe the increasing rate of tobacco use among those who live in nuclear family than in Joint family because the individual is monitored and controlled by elder people in joint family than in nuclear families.

From the table it is found that more than half (57.3 percent) of male and 16.3 percent of female respondents belonged to nuclear family whereas 18.7 percent and 5.5 percent of male and female respondents respectively belonged to joint family. Only a negligible percentage (1 percent) of male and female respondents belonged to extended nuclear family

Respondents from nuclear families were more than those in joint families and extended nuclear families because nuclear families existed more in number. Joint families occupied next position in existence and extended nuclear families were negligible few. Hence percentage of respondents reflects accordingly.

4. Conclusion

The results of this study indicate that sex, education, occupation and income are important factors for the early initiation and frequent use of tobacco. Creating awareness about ill-effects of tobacco use and implementing effective measures for prevention and treatment are the need of the hour to reduce the use of tobacco significantly. Hike in the price of tobacco products may reduce the purchase of those products among the users. This may reduce initiation, prevalence and intensity of smoking and smokeless tobacco products among young people. The evidence shows that increasing tobacco prices is effective at lowering smoking prevalence as well as consumption levels of tobacco products, especially by youth and young adults and other price sensitive populations (**Chaloupka and Warner 2000**). Mass media campaigns can do much in this regard to change social norms and prevent youth from smoking.

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