

Prevalence, knowledge and attitude of Tobacco Habit and cessation Among Taxi Drivers in Kanpur, India

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Abstract

Background-India has the highest rate of oral cancer worldwide. Despite all attempts, tobacco use remains a major health issue in India, where one-third of the population smokes. The objective of this article is to analyze knowledge on understanding of tobacco cessation policies and the adverse effects of tobacco among cab drivers in Kanpur.

Materials & Methods- A structured questionnaire-based study was designed to find the tobacco use, knowledge regarding laws of tobacco use, attitude regarding quitting tobacco was assessed. The questionnaire was administered to Taxi and Bus drivers working in Kanpur district of UP, India.

Results-This study included 400 participants aged 18 to 60. 81% of interviewees smoked or used smokeless tobacco, and 77% were uninformed of the government's smoke cessation policies. Despite the existence of various policies, the vast majority of cigarette smokers were unaware of them.

Conclusion-The study found that the majority of participants were aware of tobacco's detrimental consequences. They knew anything about cessation clinics. We also discovered that despite being implemented, tobacco cessation programs were not socially supported.

KEYWORDS: tobacco, tobacco cessation centres, tobacco cessation policies, health survey

Introduction

Food, tea, & tobacco have been closely associated with humanity since antiquity. Gately has presented an in-depth description of its historical origins and subsequent integration into current culture⁽¹⁾. Over the past decade, study on tobacco carcinogenesis has continued, and a number of studies, both epidemiological and experimental, have established that tobacco smoke exposure is a significant risk factor for developing lung and bladder cancer, as well as other cancers of the oral cavity, oesophagus, colon, pancreas, breast, larynx, and kidney. Furthermore, it is believed to be related to leukemia, specifically acute myeloid leukemia⁽²⁾.

The average number of deaths from the use of tobacco is about six million. According to WHO estimates, tobacco use caused around 100 million premature deaths worldwide in the twentieth century, and if current tobacco consumption patterns continue, this figure is expected to rise to 1 billion in the twenty-first century⁽³⁾. Tobacco affects every component of the body. Cancer, tuberculosis, respiratory ailments, and cardiovascular diseases are fairly prevalent in India⁽⁴⁾. Oral cancer is significant in this regard since India has the greatest prevalence of oral cancer globally. Tobacco control ought to be a priority goal, in terms of both poverty and health reduction. India has a chance to fulfill its commitments to reach the 2030 Sustainable Development Goals of reducing poverty and good health by successfully enacting tobacco

control policies. Despite all attempts, tobacco smoking is a major health concern in India, where a third of the overall population smokes⁽⁵⁾.

It is also critical to investigate the tobacco epidemic and evaluate governmental policies so as to provide targeted interventions⁽⁶⁾. The National Family Health Survey (NFHS-3) survey, conducted between 2005 and 2006, discovered that tobacco smoking is more prevalent among men, those living in rural areas, illiterate, poor peoples, and other vulnerable groups⁽⁷⁾. The increased use of tobacco in developing countries is primarily due to a lack of awareness regarding the potential issues and clear health concerns associated with smoking, and also to tobacco industry methods aimed at the most vulnerable groups, such as women and young people⁽⁸⁾. The purpose of this article is to analyze taxi drivers' knowledge of tobacco cessation policy, their understanding of the adverse consequences of tobacco, and the number of active and non-tobacco users in Kanpur. This study could also gain information about the tobacco consumption habits & reason for excess use of tobacco products and willingness to reduce or stop the tobacco consumption habits.

Methodology

A questionnaire-based study was designed in our institute. The study was approved by institutional ethical committee of Rama Dental College, Hospital and Research Centre. A questionnaire was prepared and Face validity of questionnaire was checked. The questionnaire included question regarding demographic characteristics, tobacco smoking, smokeless tobacco, knowledge regarding harmful effects of tobacco, and Knowledge regarding government laws regarding tobacco use. It was given to willing taxi drivers in order to gather this information through a verbal and record-based analysis. The questionnaire was written in an easy-to-understand fashion. People had the option to choose their preferred language from a list of three (English and Hindi) when filling out the questionnaire.

The study included only taxi drivers between the age of 18 to 60 years working in Kanpur Nagar district of Uttar Pradesh. Drivers Unwilling to participate in the study were excluded. Expected prevalence of tobacco use was 50%. Total sample size calculated by epiinfo software was 384. So final sample size was 400 participants.

400 Taxi and Bus drivers working in Kanpur Nagar District participated in the survey. Each participant understood the purpose of the study. Written informed consent was taken from all the participants. All participants were made aware that the research's findings would never be shared with them. The subject or future individuals who are similar to him would gain directly from this study.

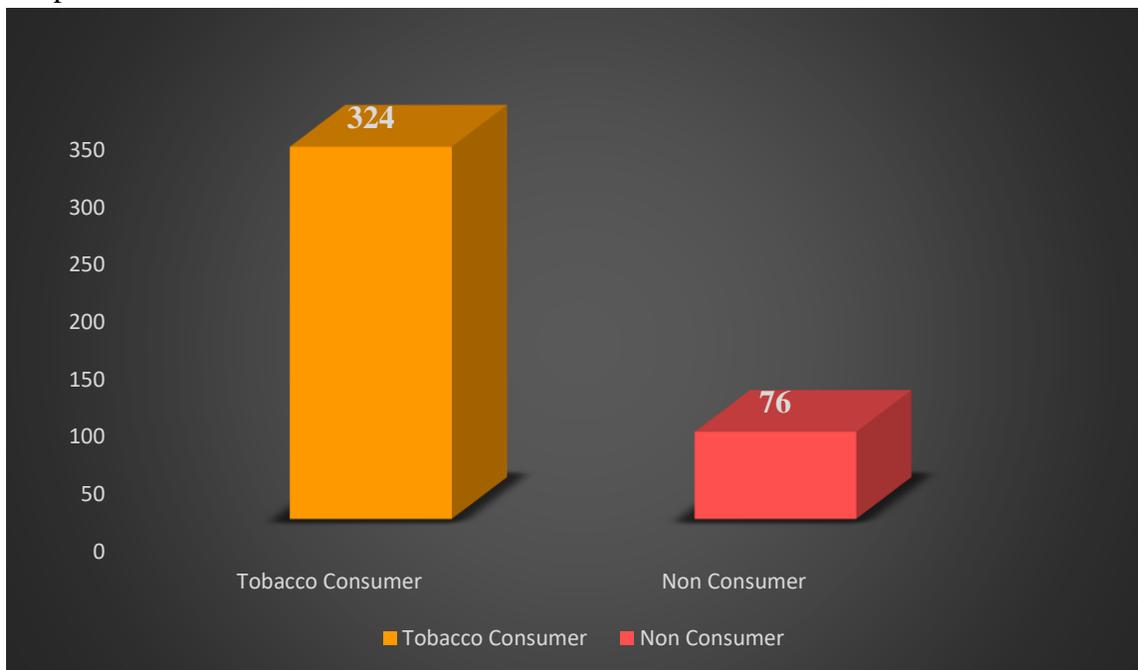
The complete amount of data was evaluated, and factors were used to compare the number of smokers and non-smokers overall. This information on the Taxi and Bus drivers' relatives gives a thorough understanding of the history of tobacco use in the family. Study solely included the taxi driver community.

Results:

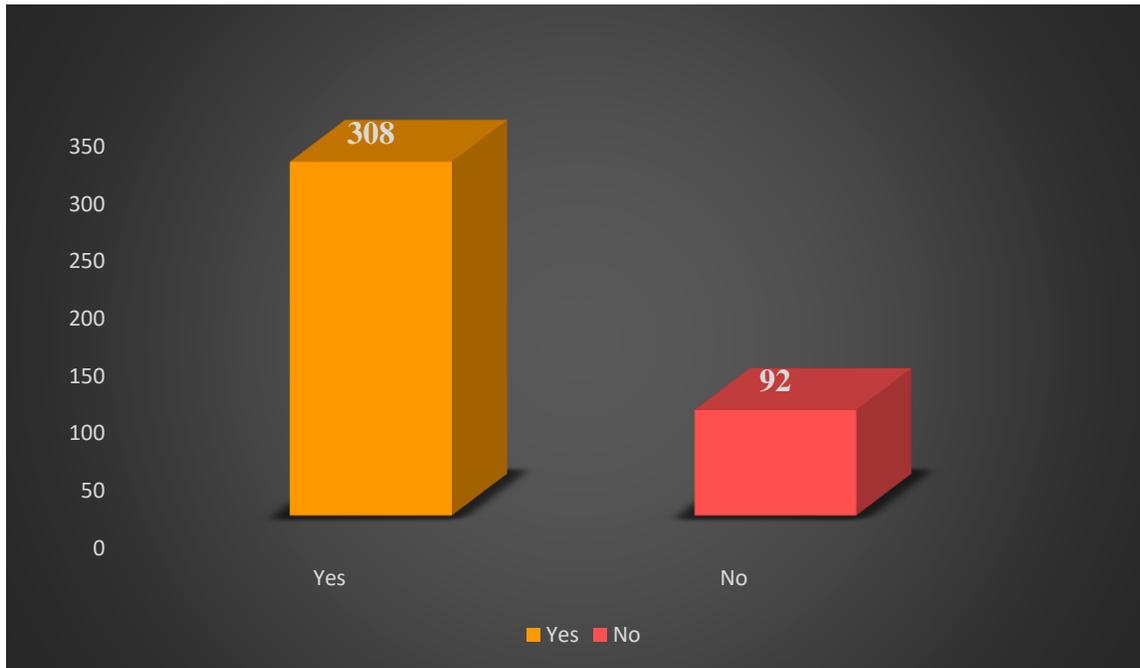
The poll included 400 Taxi and Bus drivers from the Kanpur region. The participants in this survey varied in age from 18 to 60 years. The study's findings show that 324 of the 400 sample participants use tobacco, while 76 do not [Graph 1]. Sixty percent of the individuals acknowledged using tobacco in non smoke form. We concluded that 77% of them were unfamiliar about the government's smoking cessation programs, while 23% have knowledge about the government laws [Graph 2]. According to our result, 65% smokers want to give up tobacco and majority of smokers thought about taking part in a Tobacco cessation plan. The study also reveals the history of tobacco usage among individuals' family. There was no precise cause discovered for the taxi drivers' consumption behaviors.

Bidi and guttka are among the most often consumed tobacco products. In this research, we found that approximately 88% of those who smoked tobacco were completely aware of its detrimental effects [Graph 3]. They were conscious that smoking induces cancer and a host of additional medical conditions. 37% of tobacco consumers were aware of smoking cessation policies. Considering the fact that multiple regulations exist, a large proportion of cigarette smokers are unfamiliar of them.

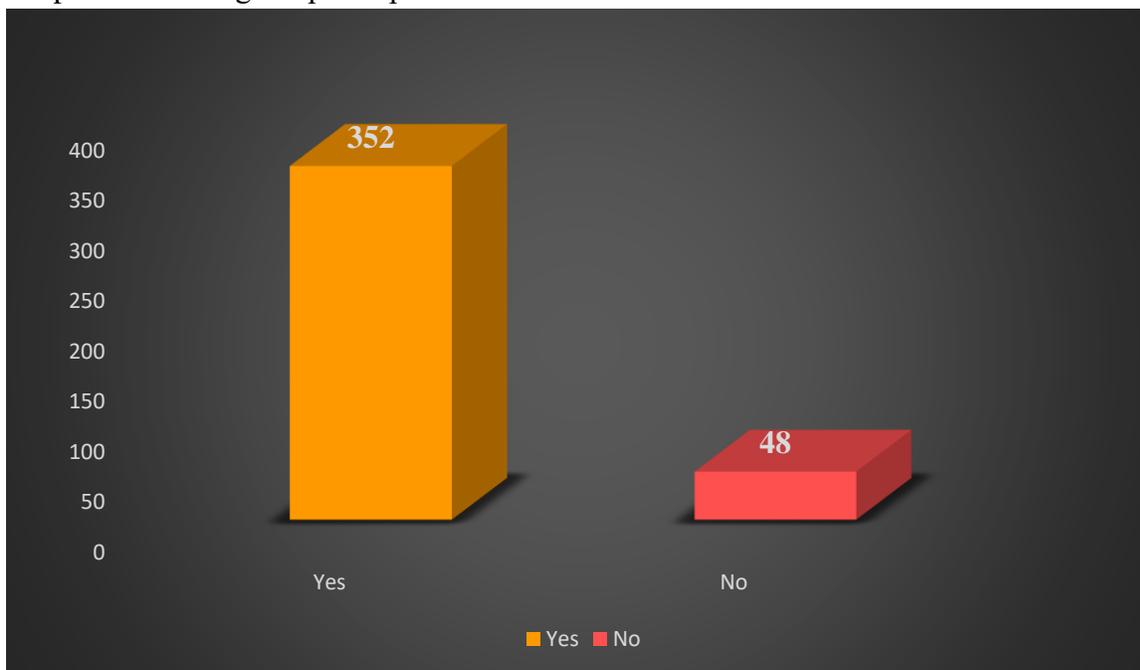
Graph 1: Number of tobacco consumers and non-tobacco consumers.



Graph 3: Percentage of aware vs unaware participants about government's smoke cessation policies



Graph 4: Percentage of participant's aware vs non aware about harmful effects of tobacco



Discussion:

The annual death toll from tobacco use is about six million. According to WHO estimates, tobacco use caused around 100 million premature deaths worldwide in the twentieth century, and if current tobacco consumption trends continue, this figure is expected to rise to 1 billion in the twenty-first century.

In accordance to the GATS report, India has 275 million tobacco smokers, or 35% of its adult citizens. 164 million individuals use smokeless tobacco, 69 million people smoke, and 42 million people use both cigarettes and smokeless tobacco⁽⁹⁾. According to the International Agency for Research on Cancer (IARC) monograph, there is sufficient evidence that smoking tobacco causes malignancies of the lung, esophagus, stomach, pancreas, kidney (body and pelvis), ureter, urinary bladder, uterine cervix, and bone marrow (myeloid leukemia) in humans. Bidi smoking is perhaps the most widespread form of tobacco consumption in India⁽¹⁰⁾. In Mumbai, bidi smokers were 2.60 times more inclined to pass away of tuberculosis than nonsmokers⁽¹¹⁾.

Tobacco can be smoked using beedis, cigarettes, hookas, hooklis, chhuttas, dhumtis, or chillums. In comparison to other Western countries, smoking pipes and cigars is unusual in India. Cigarette smoking is extremely common in cities. Cigarettes are accessible in both local and foreign brands. Because cab drivers frequently consume identical tobacco products, we decided to confine our sample to them. Similarly, this survey suggests that bidli and guttka are the most commonly used products. Cigarettes are more popular among upper and middle socioeconomic strata than among the disadvantaged, owing to their higher cost compared to other tobacco products. Beedi is a low-cost smoking stick made by rolling a rectangular piece of dried temburni leaf (*Diospyros melanaxylon*) into a cone shape and fastening it with a thread. A beedi's length can range from 4.0 to 7.5 cm. Small sachets of beedis are available at stores. These tobacco products are mostly used by cab drivers. We discovered a trend of tobacco usage among the cab drivers who participated in this study. Tobacco is smoked with a traditional device called a hooka, also known as an Indian hubble bubble. Tobacco smoke is transported through water, which is kept in a sphere that may also include aromatic chemicals. Hookah smoking is a common way for villagers to socialize, particularly in India's northern and eastern areas, and is an important part of rural culture. Adults and older people are more likely to utilize it. Teenagers are less likely to use it, however, because elders often discourage younger people from smoking hookah. In some parts of the country, people smoke tobacco with hookli, a little clay pipe-like device that is around 7 cm long. In reverse chhutta smoking, the smoker inhales smoke from a coarsely processed roll of tobacco (cheroot). In Andhra Pradesh, a province in southeast India, it is widely used along the coast. Dhumti is a product that looks like a cigar and is made by folding tobacco leaves within jackfruit leaf. Dried banana plant leaves are occasionally utilized. Women smoke dhumti in the opposite direction as men, with the flaming end inside their mouths. Men smoke dhumti in the customary manner.

Dhumti smoking is fairly widespread in Goa, western India. According to the Global Adult Tobacco Survey (GATS) 2010 study⁽¹³⁾, the vast majority of India's 60% tobacco users use smokeless tobacco. This survey clearly shows that guttka is also used at a lower rate than

bidis⁽¹⁴⁾. In 1975, the areca nut and tobacco businesses collaborated to develop a dry preparation based on ancient Indian practices⁽¹⁵⁾. The most obvious cause of oral cancer, accounting for 30 to 40% of all cancer cases recorded in India, is excessive tobacco use, whether through smoking or smokeless chewing⁽¹⁶⁾. Gutkha has acquired popularity as a smoking replacement in traditional society as well as in lower socioeconomic groups⁽¹⁷⁾. The increase in gutkha intake can be attributed to aggressive promotion and easily packaged sachets, which are available under a variety of brand names in almost every store at a fair price⁽¹⁸⁾. Gutkha consumption can begin as early as childhood because to its flavored sweet taste, simplicity of availability, low cost, and quick stimulant effects. The ease of purchasing and storage of gutkha, as well as its lack of social shame, may stimulate the transition from paan or smoking⁽¹⁹⁾. Many people use gutkha to achieve the same euphoric effects as nicotine. promote emotions of wellbeing, decrease appetite and anxiety (in cab drivers), create arousal or relaxation, relieve tension, When we examined this with our participants, they all offered similar reasons for smoking, and we were able to conclude that these products are mostly utilized by cab drivers for relaxation and focus. Gutkha has had around 4200 chemical components identified⁽²⁰⁾. When we asked participants to stop using tobacco, they were willing to do so because they were aware of the detrimental effects of these items. We encouraged them to reach out to government-sponsored cessation clinics for assistance in reducing or completely stopping their use.

To combat the tobacco pandemic, several tobacco control policy efforts are being implemented on a national and international scale. Existing tobacco users may not benefit directly from these measures since nicotine in tobacco is highly addictive, making quitting difficult. By 2050, it is expected that there would be 160 million extra smoking deaths due to a lack of quitting support. Nearly 70% of smokers say they wish to quit, but just 3-5% actually do. The WHO built tobacco cessation clinics (TCCs) in 13 different locations across India in 2002, in collaboration with the MHFW and the GOI, including cancer treatment facilities, mental health facilities, medical institutions, and non-governmental organizations⁽²¹⁾. After asking participants if they were aware of these policies, we discovered that they knew nothing about cessation clinics. However, we discovered that even after being implemented, these policies were not socially promoted. In 2008, the Ministry of Health and Family Welfare, Government of India, started the National Tobacco Control Programme (NTCP), which covers 42 districts throughout 21 states and union territories in India. The NTCP consisted of the following activities: training and capacity building; communication, education, and information (IEC) programs; tobacco control laws; and reporting surveys and monitoring. Students are increasingly receiving more extensive tobacco-related education⁽²²⁾. When it comes to utilizing taxes to discourage tobacco consumption, India is also a soft pedal. The light-touch approach to oral tobacco has been extended to bidis, which are perhaps more dangerous than any other tobacco product. Tobacco sales must be heavily taxed. While unequal treatment will only result in product or brand switching, a significant increase in tobacco product pricing will cause usage to fall. The recent ban on "gutkha," a popular smokeless tobacco product in the country, has also sparked controversy. It is a critical strategy for preventing this hazard. This habit, the leading cause of oral cancer, is especially

dangerous to children and women. However, both this and the ban on smoking in public places need to be carefully enforced. Section 7 of the COTPA requires stronger and more severe visual health warnings on tobacco product packaging⁽²³⁾. The fact that even a tiny fraction of these cab drivers' families used tobacco in some manner could promote similar risky behaviours in generations to come. In this segment, we saw that even after consuming tobacco products, the taxi drivers were willing to abandon their harmful habits. However, they were unable to begin the stopping process since they were uninformed of the policies for quitting cigarettes. We concluded that, despite the government's numerous cessation initiatives, social publicity and awareness were inadequate.

This article will help many tobacco users and the government better grasp the current situation of tobacco control policies. It will also help the Indian government solve some policy gaps and conduct an awareness campaign for those looking to quit smoking.

Conclusion

This study looks at the tobacco use tendencies of Kanpur taxi drivers. This poll has special characteristics in that it examines the success of tobacco cessation programs in Kanpur as well as taxi drivers' perceptions of tobacco use habits. These are crucial factors for countries like India, where nonsmoking tobacco use is common. The research concludes that, although the government's provision of cessation plans for tobacco users, public knowledge about these programmes remains low. The poll found that over sixty percent of taxi drivers smoke. Only 40% of people are familiar with the policy on cessation. 99% of tobacco smokers have the desire to quit using it. In Kanpur, 60% of taxi drivers were aware of the detrimental impact they have on the community. Taxi drivers in Kanpurai have substantial tobacco use rates but have little understanding of tobacco policy, implying that tobacco education and cessation programs should be incorporated into the taxi driver culture.

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