

Research Article

Determinants of Smoking Habits and its Impact among the Villagers of Bhainswan Khurd, Haryana

Vipul¹, Roumi Deb²¹M.Sc. Student, Amity Institute of Anthropology, Amity University Sector-125, Noida, Uttar Pradesh, India.²HOI & Director, Amity Institute of Anthropology, Amity University Sector-125, Noida, Uttar Pradesh, India.

I N F O

Corresponding Author:

Roumi Deb, Amity Institute of Anthropology, Amity University Sector-125, Noida, Uttar Pradesh, India.

E-mail Id:

rdev@amity.edu

Orcid Id:

<https://orcid.org/0000-0001-9405-7224>

How to cite this article:

Vipul, Deb R. Determinants of Smoking Habits and its Impact among the Villagers of Bhainswan Khurd, Haryana. *Ind J Youth Adol Health* 2019; 6(3): 8-12.

Date of Submission: 2020-02-28

Date of Acceptance: 2020-03-21

A B S T R A C T

Tobacco is one of the major global public health concerns with the significant contribution towards increasing burden of cancer including chronic diseases which is associated with mortality. Low- and middle-income countries are majorly affected by the cancer related mortality caused by tobacco. Smoking is a common habit across the world despite of having widespread knowledge of health consequences. The critical period for the formation of smoking habit has been noticed among the teenagers globally. Smoking is associated with number of diseases and disorders. Habit of smoking among the teenagers, young adults and elderly can cause a variety of diseases and could influence their health conditions. The present study was conducted among 100 villagers of Bhainswan Khurd, Haryana, to know the main reason behind addiction of smoking and its negative effects. Findings revealed that majority of the respondents are males and among them numbers of youngsters are very high. Among the form of tobacco smoking, hookah was found to be more prevalent. People of almost every caste like to smoke hookah by considering as the cultural practice for them. Among all respondents only 11% respondents were suffering from diseases because of smoking, rest of them are getting some issues like tiredness, hair fall, weak eyesight but not serious illness till now. The main reason was found behind doing smoking are peer pressure, family background and self-curiosity. As the people were getting aware of it, so after knowing the destructible consequences of smoking 71% people were ready to quit it.

Keywords: Smoking Habits, Tobacco, Bhainswan Khurd, Haryana

Introduction

Smoking is one of the health hazards and single most important cause of death across the world.¹ Use of tobacco is entrenched as cultural practice and there are numerous types of tobacco forms. According to report of World bank, by 2030, 70% of the health diseases would be occurring in the low- and middle-income countries.² The problem is very lethal particular to India because the tobacco related mortality is very high. Everyday approximately 4000 people

are joining smoking and among them 1500 are teenagers. There are 5,40,000 youngsters who daily smoke and are addicted to nicotine including some visible effects in like, dark lips, trouble in breathing etc. But the addiction of nicotine makes them slave of tobacco and compels to do smoking again. By the continuity of smoking, the vital organs get destroy and they suffer from various diseases, so it would not be wrong to call smoking as Silent killer. Adolescents start smoking with curiosity and due to frequent smoking, habit turns into addiction till Adulthood.¹

Smoking is the leading cause of the several chronic obstructive diseases. Parental smoking is usually connected with expanded asthma side effects, respiratory contaminations, intense effects and health hazards of kids. Passive smoking is also being considerable reason behind the bronchial asthma among the children. According the report of WHO, children under the age 12 are much sensitive to the lung related diseases and chance of asthma is very much high into them if they are performing second-hand smoking because of parental smoking.³ There are approximately 60 carcinogens in the one cigarette smoke and among these carcinogens the specific carcinogens namely polycyclic aromatic hydrocarbon, aromatic, aromatic amines and nitrosamines etc. are accountable for the lung cancer, throat cancer, stomach cancer, sinus and liver cancer like incurable diseases.⁴ Tobacco smoke contains more than 4000 synthetic concoctions in the types of particles and gases.⁵ Tobacco smoke is responsible for the cataract in the eyes and can create problems into visual faction of the eyes. Smoking can cause heart disease as it can block the blood flow into the veins and might be reason for the Heart attack. When the tobacco burns into the cigarettes, it burns on the temperature of 450 degree C but the tobacco into hookah smoking burns on the 900 degree °C. The plasma nicotine level reaches very high level into smoker after smoking one hookah and that level doesn't go that high even after smoking 10 cigarettes.⁶ It is notable that smoking practices are identified with psychosocial factors, including pressure, social support, attitude and conviction toward smoking conduct, social norms, and informal communities.⁷ It is assessed that tobacco related deaths are anticipated to ascend from 5.4 million of every 2005 to 8.3 million out of 2030. By 2015, tobacco use is anticipated to cause more 50% death than AIDS.⁸ Therefore, in view of world's smoking scenario the present study was conducted to understand the determinants smoking and impact of its' pattern among the people of Bhainswan Khurd, Haryana.

Methodology

A cross sectional study was conducted among 100 people residing in Bhainswan Khurd village of Haryana. Prior to the data collection permission was taken from the village headman and responsible person of the study area to successfully execute the study. Structured scheduled was prepared (in both English and Hindi language) and used to collect the demographic data such as age, sex, religion, community, education, occupation, marital status including smoking habits, it's pattern, addiction details. Information related to health problems and challenges faced by smoker

was gathered. Descriptive statistical analysis (frequency and percentage) was done using SPSS V16.

Result

Socio-Demographic Profile of Smokers

The study was conducted among the smokers (100%) and the nature of the study revealed that majority were males (98%). The number of smokers mainly found in the age group of above 30 years (43%) but concern worthy issue was that adolescents are also getting involving (19%). Hindu religion population was mainly addicted with smoking (95%), whereas, Muslims were found to be less (5%). Bhainswan Khurd is mainly dominated by Jat dominated and impact of smoking was also observed among them (43%) compared others. Education didn't reveal any serious major impact on awareness, as majority of the smokers has qualified or in progress of senior secondary examination. Variation in occupation didn't have any impact on smoking habits, even students were starting smoking (29%), but village farmers were found to be more in number (45%). With respect to income, it was observed that people with monthly income between Rs. 10000-15000/- and Rs. 15000-20000/- were majorly addicted with tobacco (28% and 26% respectively). In terms of marriage, married (76%) respondents were found to be in high addiction of smoking (Table 1).

Smoking Cycle

All respondents (100%) has tried smoking and using several types of tobacco products such as cigarettes (21%), Biri (35%), Hookah (42%). Hookah is much prevalent than other products. Study revealed that age of starting smoking is mainly 13 years and majority of the smokers were in the age group 13-18 years (72%). It was found that, 67% respondents were in habits of smoking more than 4 or more times in a day, which indicated a major health concern and associated risk factors in the community (Table 2).

Smoking with Social Connectivity

Among 100% respondents, 73% of them were much addicted as they used to start their morning with smoking. Social acceptance was reported to have high impact of this practice, as 71% smokers admitted that they smoke to involve in social gatherings/ parties. Apart from this, other reasons to start smoking were peer pressure (22%), self-curiosity in adolescents (15%) and practice of family members (43%). Hookah prevalence was found to much greater than other tobacco products as 35% people consider it as prestigious practice and less harmful (Table 3).

Table 1. Frequency distribution of Socio-demographic profile of the villagers

Variables		Frequency (n)	Percentage (%)
Gender	M	98	98
	F	2	2

Age	15-20	19	19
	21-25	21	21
	26-30	17	17
	Above 30	43	43
Religion	Hindu	95	95
	Muslim	5	5
Caste	Jat	45	45
	Brahmin	12	12
	Lohar	16	16
	Kashyap	15	15
	Chamar	07	07
	Dhobi	05	05
Education qualification	Illiterate	19	19
	Primary	12	12
	Secondary	19	19
	Senior secondary	34	34
	Graduate	09	09
	Post Graduate	07	07
Occupation	Student	29	29
	Shopkeeper	12	12
	Farmer	45	45
	Teacher	01	01
	Property dealer	04	04
	Other	09	09
Income	No income	31	31
	5,000-10,000	13	16
	10,000-15000	28	28
	15,000-20000	26	26
	Above 20,000	02	02
Marriage Status	Yes	76	76
	No	24	24
Total		100	100

Table 2. Frequency distribution of Smoking habits and its related information of the villagers

Variables		Frequency (n)	Percentage (%)
Ever tried smoking	Yes	100	100
	No	0	0
Type of product in use	Cigarettes	21	21
	Biri	37	37
	Hookah	42	42
Age of starting (in years)	0-7	0	0
	07-13	04	04
	13-18	72	72

	Above 18	24	24
No. of times of smoking	1	0	0
	2	22	22
	3	11	11
	4 or more than that	67	67
Place of smoking	At home	43	43
	Near home	11	11
	Away from home	46	46
Smoking in group	Alone	27	27
	1-2	16	16
	3-5	17	17
	6-8	38	38
	More than 8	02	02
Total		100	100

Table 3. Frequency distribution of smoking addiction of the villagers

Variables		Frequency (n)	Percentage (%)
Smoking soon after wake up	Yes	73	73
	No	27	27
Gap between two smoking practice	30 minutes	05	05
	60 minutes	14	14
	1-2 hours	46	46
	2-4 hours	11	11
	More than 4 hours	24	24
Smoking helps in parties/celebration/ others social gatherings	Yes	71	71
	No	29	29
Smoking related disease	Yes	11	11
	No	89	89
Reason to start smoking	Self-curiosity	15	15
	Peer pressure	22	22
	Practice of family members	43	43
	Stress	12	12
	Loneliness	5	5
	Unemployment	3	3
Reason to giving preference to hookah smoking	Easily accessible	22	22
	Less harmful	27	27
	Social conventions	11	11
	Prestigious	35	35
	Cheap in cost	5	5
Total		100	100

Discussion

The present study revealed that among 100 respondents, 71% smokers have accepted that they involved in smoking practice because it helps them to become more socially comfortable. Similar study was done in Gurgaon among 215 respondents and 43.7% respondents among them said that they smoke to be more socializing with friends.⁶ Further, it was found that main reasons to start smoking are mainly self-curiosity (15%), Peer pressure (22%), Practice of family members (43%) in Bhainswan, Haryana. A study was conducted in Moradabad (U.P.) among 590 senior secondary school students, which showed that 35% students start with self-curiosity and 32% participants due to peer pressure.⁹ Among 100 respondents, 43% people involved in smoking practice due to family background of smoking, similarly finding was reported from Rural community of Bangladesh as among the 500 respondents 54% people were involved because their family members were habituated of smoking.¹⁰ Moreover, 42% people in Bhainswan, Haryana was found to be using smoke hookah because of their preference due to easy accessibility, wrong perception of hookah as according to them it is less harmful and by considering it as a prestigious practice. Similarly, a review article on "Factors Affecting Hookah Smoking Trend in the Society" showed that most common reasons for respondents' involvement to smoke hookah were positive attitude and quick acceptance toward hookah because of wrong beliefs about its risks, social acceptance, easy access, cultural habits etc.¹¹

Conclusion

"Smoking is injurious to health," a famous line, we all have seen and read, but it comes to the ground reality people are still smoking fearlessly. Despite of aware regarding the negative effects of smoking, and being sufferer from the disease still they enjoying smoking and going rapidly in the mouth of death. Smoking in forms of Hookah is prevalent among villagers, teenagers are youngsters in the study area. The main reason behind is the lack of knowledge among the people on illicit effects of hookah as they have accepted that tobacco products like bidi, cigarettes, Gutka are dangerous for their health, but they do not consider hookah as they thought that it helps into digestion. Due to the wrong perception number of hookah smokers is increasing. Therefore, there is an urgent need to design the policy to control the hookah including other smoking products. There should be an Anti-smoking campaign for long time in the village so that villagers got aware by the lethal effects of the smoking and pursue for quit it. Government should be more concern about hookah specially to control the emerging trend of it among youth.

Acknowledgement

I would like to express my gratitude to all the subjects

to give the valuable information with efficient attention and patience. I extend my thanks to village sarpanch Mr. Ishwar Singh for his kind and gentle behavior and support to establish rapport among villagers and complete the research work. My heartfelt gratitude and thanks to Ms. Arpita Mitra, Ph.D. Scholar, Amity Institute of Anthropology, AUUP. I am also thankful to my friends and cousins for their continuous support throughout the study.

Conflict of Interest: None

References

1. Anjum MS, Srikanth M.K. Reasons for smoking among the teenagers of age 14-17 years in Vikarabad town: A cross-sectional study. *J Indian Assoc Public Health Dent* 2016; 14(1): 80-83.
2. Shah PB. The Relationship between Tobacco Advertisements and Smoking Status of Youth in India. *Asian Pacific J Cancer Prev* 2008; 9: 637-642.
3. Jindal SK, Gupta D. The Relationship Between Tobacco Smoke & Bronchial Asthma, Reviewed. *Indian J Med Res* 2004; 120: 443-453.
4. Stehen SH. Tobacco Carcinogens. Their Biomarkers and Tobacco-Induced cancer. *Nature Reviews Cancer* 2003; 3: 733-744 .
5. Gupta D. Pulmonary effects of passive smoking: the Indian experience. *Tob Induc Dis* 2002; 1(2): 129-136.
6. Bali E, Chinmaya B R, Chand S, Tandon S, Prasad S, Sahu D, Handa S. An emerging trend: Hookah smoking among youth smokers in Gurgaon, Haryana. *J Indian Assoc Public Health Dent* 2015; 13: 244-49.
7. Yun EH. The role of social support and social networks in smoking behaviour among middle and older aged people in rural areas of South Korea: A cross-sectional study. *BMC Public Health* 2010; 10: Article number: 78.
8. Mathers CD, Loncar D. Projections of global mortality and Barden of disease from 2002 to 2030. *Pols Med* 2006; 3(11): 442.
9. Ravishankar TL. Factors attributing to initiation of tobacco use in adolescent students of Moradabad, (UP) India. *Cochrane Database Syst Rev* 2009; 20 (3): 346-349.
10. Akhtar S. Prevalence of smoking in a rural community of Bangladesh. *International Journal of Community Medicine and Public Health* 2015; 2(1): 59-63.
11. Momenabadi V. Factors Affecting Hookah Smoking Trend in the Society: A Review Article. *Addict Health* 2016; 8(2): 123-135.