

LETTER to the EDITOR

Poverty Does Not Limit Tobacco Consumption among Tribal Populations: Evidence from Central India

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Dear Editor

Globally, the prevalence of adult smoking is more than 1.1 billion; among them 82% residing in low and middle income countries (Jha et al., 2002). Tobacco use is a cause for many diseases like cancer, tuberculosis, heart disease, and it continues to be the leading cause of preventable deaths (International Union Against Tuberculosis and Lung Disease, 2012). It kills nearly 6 million people and causes hundreds of billions of dollars of economic damage worldwide. If current trend continues, by 2030 tobacco will kill >8 million people worldwide each year, with 80% of these premature deaths among people living in low and middle income countries (World Health Organisation, 2011). It is reported that 1/5 male deaths and 1/20 female deaths over the age of 30 years is due to tobacco use (Jha et al., 2002). About half of them are in reproductive and economically active segment of the population.

The Regional Medical Research Centre for Tribals, Jabalpur, Madhya Pradesh (MP) has undertaken a series of studies to estimate the magnitude of tribal health problems and to suggest control measures to improve health condition of tribal population health. Part of our tribal health research activities we performed this study to estimate the prevalence of tobacco use among the tribal population of Kundam Block and the salient findings have been seen, including:

Living standards: Of 1021 households were interviewed, 96% (981) lived in kachha houses made of mud, thatched or other low quality materials. Among them 33% were living in single room, 23% did not have separate kitchen, 12% did not have electric power in there house, 78% reported main source of water as hand pump and 96% used open defecation as a toilet facility.

Socio-economic profile: Among females only one percent were house wives, others were engaged in agriculture either as a farmer, agriculture labour or as other labour works. The level of education shows that 41% were illiterates and only one percent was graduated.

Prevalence of tobacco use: It was observed that 2970 (65%) consumed some form of tobacco and prevalence of tobacco use in different socio-economic group was given in Figure-1. Around 47% (men 34%, women 59%; $p < 0.05$) chewed tobacco/pan masala; 15% (men 28%, women 2%; $p < 0.05$) smoked tobacco and 3% (men 6%, <1% women) both smoked and chewed tobacco. The prevalence of chewing tobacco was significantly higher in all age groups as against smoking. It was also observed that children in the age of 6-9 years started using tobacco

in non-smoking forms.

It was proven that tobacco use is a major risk factor for lung, mouth, throat, esophageal cancers and cardiovascular disease. The tobacco use among this population is very high and they are also using their own products and in different forms. This will not be controlled by general tobacco control policies introduced. This segment of the population needs special attention and specific control measures. A study done among American Indians corroborate with our findings that lung cancer mortality rates of 50.6-78.4 per 100,000 tribal groups and this was linked to higher prevalence of cigarette smoking (June et al., 2005) (Department of Health and Human Services, 2012; <http://www.ihs.gov/PublicInfo/Publications/trends98/region98.asp>).

The other important finding of this study is that children using tobacco in their early age in the form of tooth powder. Parents were found to encourage children to use it with the belief that tobacco will relieve tooth ache and causes cleanliness. This was substantiated with the Centers for Disease Control and Prevention report on preventing tobacco use among young which recommended the tobacco control programme at schools (Centers for Disease Control and Prevention, 1994).

Majority of this study subjects live in very poor socio-economic status, socially disadvantaged (Scheduled Tribes) and tobacco consumption was the highest. Studies done on economic impact due to tobacco reported that the percentage of total hospitalization expenditure financed through borrowing/distress selling was highest among individuals who used tobacco. The percentage of total hospitalization expenditure met through borrowing

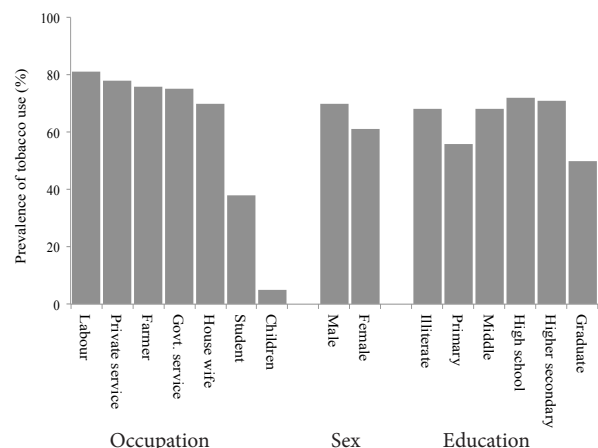


Figure 1. Prevalence of Tobacco use among Tribal Population of Kundam Block (n=4542)

or distress selling was also higher if the hospitalized individual was rural, male, 25-39 years old, head of the household, scheduled caste/tribe and uneducated (Bonu et al., 2005). The outcomes to date illustrate that poverty does not limit tobacco consumption and this may lead to a doubling of the disease burden from chronic illnesses related to tobacco consumption as well as from communicable and nutrition related diseases, which still account for a large share of total disease burden among the tribal communities. Thus, there is an urgent need for tribe focused interventions to control tobacco use.

References

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