



A Study on “Influence of Tobacco Use on Health: Exploring Youth”

Ms. Darshana Sonowal¹, Dr. M. N. Parmar²

¹Master of Social Work, Parul Institute of Social Work, Parul University, Vadodara, Gujarat, India Email ID: sonowaldarsh@gmail.com

²Associate Professor, Dean of social work, Parul Institute of Social Work, Parul University, Vadodara, Gujarat, India Email ID: mnp.msu@gmail.com

ABSTRACT:

The research Paper presents “A Study on Influence of tobacco use on health: among youth” in the Parul University campus. This proposal aims in investing the use consumption of tobacco and their harmful effects among the youth in the campus. To go on roots of the start of tobacco use in India an covering the worldwide. Also how the youth family members and friends plays role in this journey. The researcher have use quantitative questionnaire to collect data. As per data collection, the researcher can address preventing tobacco through different strategies.

INTRODUCTION:

Tobacco originated in the Americas, where native peoples grew the plant and utilized it for thousands of years for social, medical, and ceremonial purposes. The oldest known tobacco growers were Maya, Aztec, and Inca nations of Native America. Cigarettes were first discovered in the Americas in the late 15th and early 16th centuries by European explorers like as Christopher Columbus and Hernan Cortes. When they came to tobacco, they returned to Europe with it. After being introduced to Europe, it quickly expanded throughout the continent, gaining popularity among the upper classes until finally influencing people from all social classes.

The history of tobacco growing has been characterized by environmental damage, worker exploitation, and debate about the plant's potential health risks. Notwithstanding these obstacles, tobacco is still a major crop worldwide, even if public health initiatives and shifting social perceptions of smoking have led to declining tobacco use rates in many regions of the globe. Due to the European market's explosive growth in tobacco consumption, large-scale tobacco plantations were established in colonies like Virginia (now part of the United States), Brazil, and the Caribbean. In the transatlantic trade, tobacco developed into a profitable commodity that supported the rise of colonial economies and the Atlantic Slave Trade. Tobacco was a widely traded item across Europe, Africa, Asia, and the Americas by the 17th and 18th centuries. It was used in many ways, such as chewing, smoking, and snuffing, and it permeated social and cultural norms all across the world. The 19th-century Industrial Revolution made it easier to mechanize and produce tobacco products in large quantities, which resulted in the widespread use of pipe tobacco, cigars, and cigarettes. The global expansion of tobacco use was further hastened by developments in communication and transportation. Growing research in the 20th century connected tobacco use to major health issues like heart disease, lung cancer, and respiratory disorders, which raised public health concerns and prompted regulatory actions. The groundbreaking Surgeon General's Report on Smoking and Health in the United States, published in 1964, was a major contributor to global tobacco control efforts by bringing attention to the risks associated with tobacco use. To lessen tobacco use and the problems it causes, governments, public health organizations, and advocacy groups have put in place a variety of tobacco control measures since the middle of the 20th century. Tobacco taxes, smoke-free laws, prohibitions on advertising, health warnings on product packaging, and cessation initiatives are some of these strategies. Even with great advancements in tobacco management, tobacco use continues to be a serious global public health concern. The globalization of marketing, the emergence of new tobacco production (e.g. cigarettes), and ongoing industry tactics to promote tobacco consumption continue to pose obstacles to tobacco control efforts.

REVIEW OF LITERATURE:

Tobacco use among the adolescents in India is believed to be on an increase. Therefore, a systematic review was carried out to summarize these studies. Several electronic databases were searched, supplemented by screening reference lists, smoking related websites, and contacting experts. Selection, extraction, and quality assessments were carried out by one or two independent reviewer. The focus was on studies conducted on the school going children in India and discussed in a global perspective. A narrative review was carried out. Many of the studies lacked sufficient power to estimate precise risks associated with the study subjects, as it mainly involved questionnaire studies. Studies were often designed to investigate tobacco use, but many had major methodological limitations including poor control and imprecise measurements of exposure. Studies in India showed a high risk of major health related illness and several forms of cancers such as oro-pharyngeal cancers associated with the chewing form of tobacco. Studies from other regions and of other cancer types were not consistent. Tobacco use is increasing among the adolescents and has become an persistent issue that is usually carried over to their adulthood. In India, there is stringent need for awareness creating oral health education programs in the school and college premises.

(Anitha R Sagarkar, Roshan M Sagarkar, Kashinath C Arabbi, Shivkumar M Shivamallappa)

In this study, we investigated the causes behind increase trends in smoking and extent of tobacco use in Saudi Arabia. We also explored the issues related to and its impact tobacco control research and policy in the Kingdom. Data were collected from various published articles, public data based such as WHO, Geneva and CDC Atlanta. Data were also obtained from surveys conducted by various institutions under The Global Youth Tobacco Survey (GYTS) for high school students and Global Adult Tobacco Survey (GATS) for medical student. Tobacco importation data and death rates were estimated by various International Organizations.

Tobacco importation in Saudi Arabia increased from 1996 to 2012. The proportion of smokers in the KSA almost doubled especially in males from 21% in 1996 to 37% in 2012. Mortality attributable to tobacco in the KSA was estimated to account for 280, 000 premature deaths over the same period (without accounting for smuggled tobacco). The economic burden of tobacco consumption over the last 10 years (2001–2010) in the KSA was 20.5 billion US dollars (based on 2011 prices). Anti-tobacco measures in KSA have been reinforced by the enactment of anti-tobacco laws and collaboration among different government agencies and ministries. If effective tobacco control strategies are not enacted, serious consequences, increasing premature mortality rates among them, will continue to threaten the KSA.

(Khalid M Almutairi)

Iran J Public Health, 2015 Feb

RESEARCH METHODOLOGY:

OBJECTIVES:

- To study the tobacco use among youth
- To investigate how the youth taking the tobacco influence in their health and life.
- To understand their family background or friend circle which might be involved in the respondent's tobacco consumption.
- To make suitable suggestion and development for the youth to prevent tobacco.

RESEARCH DESIGN:

In this study quantitative research design will be used because the researcher wants to study the average amount of youth consumes tobacco and the proximate reasons behind it.

UNIVERSE:

The study has been carried out in the campus of Parul University.

SAMPLE:

The sample consists of forty respondents.

TOOL OF DATA COLLECTION:

Questionnaire

Collection of data:

Primary data:

Questionnaire

Secondary data:

Websites

Books

FINDINGS:

According to present study, it has been seen that 5% (n=02) respondents belongs to the age group of 18-20 and 35% (n=14) belongs to the age group of 21-23 and 50% (n=20) belongs to the age group of 24-26 while only 10% (n=04) respondent belongs to the age group of 26-above 26 out of 40 respondents. So, it can be concluded that majority of respondents are from the age group of 24-26 yrs which says that most of the respondents of research are those who are adults.

According to the present study, it can be seen that the 70% (n=28) respondents have consumed tobacco and 30% (n=12) have not consumed tobacco.

According to the study, it can be seen that the 90% (n=36) respondents have consumed cigarettes, 10% (n=04) respondents have consumed other tobacco products.

According to the present study, 19% (n=8) respondents consumes tobacco on a daily basis, 27% (n=12) respondents consumes occasionally, 27% (n=10) consumes tobacco rarely and the left 27% (n=10) doesn't consume.

From the above study, it can be seen that 65.5% (n=26) of respondents consume tobacco on the amount of 1-5, 13.8% (n=5) respondents consumes tobacco on 6-10 and more than 15 and 6.9% (n=4) consumes 11-15 a day. So, it can be seen that most of the respondents consumes tobacco on the amount of 1-5 on a daily basis.

In this study, it can be seen that 69.5% (n=24) respondents family are aware about their consumption of tobacco and 39% (n=16) respondents family are not aware about their consumption of tobacco. So, it can be seen that most of the respondent family are well aware of their tobacco intake.

In the present study, it can be seen that 89.5% (n=35) of the respondents area are accessible to tobacco and 7.9% (n=5) respondents area are a bit hard to access to tobacco. So it can be seen that most of the respondents can access tobacco very easily.

It can also be seen that 6.7% (n=4) respondents have tried tobacco in peer pressure, 73.4% (n=30) respondents have tried tobacco in curiosity and 16.7% (n=6) respondents have tried tobacco for their own personal reasons.

The study also evident that 82.1% (n=32) respondents have not feel pressure from their friends in consuming tobacco an on the other hand 15.4% have felt the pressure from their friends. So, it can be seen that most of the respondents haven't felt the pressure to take tobacco from their friends.

In the present study, it can be seen that 12.8% (n=2) respondents found to be positively influenced, 17.7% (n=6) respondents found to be negatively influenced and 79.5% (n=32) respondents found to be not influenced by their friends to take tobacco.

Also, it can be seen that 70% (n=28) respondents agreed tobacco as social acceptance among youth, 22.5% (n=9) respondents have denied and the left 7.5% (n=3) respondents are not sure about it.

In according to mental health influence on tobacco use, 25% (n=10) respondents are strongly influenced, 27.8% (n=11) respondents are moderately influenced, 16.7% (n=7) respondents are slightly influenced and the left 30.6% (n=12) respondents are influenced very less.

In this study the health risk of the respondents are 92.3% (n=37) respondents are aware of the health risk of taking tobacco and 7.7% (n=3) respondent are somewhat aware of it.

Involvement of parents can be seen that 75% (n=30) respondents parents discuss about the health risk of tobacco intake with them and the left 25% (n=10) respondents doesn't discuss about it. So, it can be seen that most of the respondent parents are well aware about their child tobacco intake and also do discuss about the health risk it might cause.

The comfort of talking about tobacco to their parents are about , 50% (n=24) respondents are very comfortable to talk about tobacco to their parents, 17.5% (n=4) respondents are somewhat comfortable or not very comfortable and the left 15% (n=4) respondents are not comfortable at all to share about their tobacco intake.

Also only, 67.5% (n=27) respondents work/ institutional place is tobacco free and the left 32.5% (n=13) respondents work/institutional place is not tobacco free place. So, we can see that most of the respondents work/ institutional place is tobacco free.

In this study, we can see that 82.1% (n=33) respondents are aware of support services and 17.9% (n=7) respondents are not aware. So, we can see that most of the respondents are well aware of support services and resources.

In this present study, it can be seen that 5.6% (n=2) respondents were influenced through peer pressure, 63.9% (n=25) respondents were influenced through health concerns, 11.1% (n=6) respondents are influenced through social norms and 19.4% (n=7) respondents are influenced through other motivation.

Although, 85.7% (n=34) respondents seeked for help and 14.3% (n=6) respondents haven't done.

According to this study 64.7% (n=25) respondents have been supported by their family and friends and 35.5% (n=15) respondents have not gotten enough support as much as they should get.

It can be also seen that 17.5% (n=7) respondents agreed that government's interventions has been strongly effective among youth to use tobacco, 15% (n=6) respondents has said to be somewhat effective, 45% (n=18) respondents said to be not very effective and the left 22.5% (n=9) respondents have said to not effectively at all.

In this present study, it can be seen that 33.3% (n=13) respondents have choosed educational campaigns to prevent tobacco use, 51.3% (n=20) respondents have choosed restrictive policies, 12.8% (n=7) have choosed to increase the prices of tobacco.

In this study, 32.5% (n=13) respondents are in excellent health condition, 55% (n=22) respondents are in good health condition, 7.5% (n=3) respondents are in fair health condition and the rest of them 5% (n=2) respondents are in poor health condition.

CONCLUSION:

In conclusion the study provides the consumption of tobacco among youth and the various harmful diseases that cause people. The findings highlights about the effect of mental health which make them to take tobacco and their family and friends involvement in it.

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