



SJSM Science

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Research data collection from satellite office in India

SJSM has established a satellite office in India. The specific responsibility of the office is to collect data on public health as per the recommendation of the SJSM faculty members. Some projects are related only to the specific conditions prevailing in India, some are designed as international projects aimed to compare conditions in different parts of the world, including Bonaire and Anguilla. Data thus obtained are processed and used to train students on the methodology of research and writing research papers.

In this issue we will present some interesting facts about smoking habits in India. India has a distinct tradition of enforcements against tobacco use initiated by the past kings and the religious leaders at different times in the history. Today however, India, the second most populous country in the world, is the world's third largest producer and consumer of tobacco.

O tempora! O mores!

Smokeless tobacco use among the students in Kolkata, W. Bengal, India

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Background:

India has a distinct tradition of enforcements against tobacco use initiated by the past kings and the religious leaders at different times in the history. Today however, India, the second most populous country in the world, is the world's third largest producer and consumer of tobacco. Structure of users is as follows: 40% use smokeless tobacco, 20% consume cigarettes, and another 40% smoke beedis. Having very high prevalence of chewing and smokeless tobacco use, India has the highest number of oral cancers in the world.

Objectives

To find the prevalence of smokeless tobacco use in adolescents of different gender and social background.

Materials and Methods

A cross-sectional study conducted in 5 schools from 1577 adolescents age 12-18 y/o using the questionnaire prepared by "National Institute of Health & Family welfare" (NIHFW-Delhi), Govt. of India, 2009. and adjusted to the purpose of our research.

Discussion:

Tobacco addiction of a large number of adults is initiated during the adolescence. Therefore prevention should start as early as possible and be as wide as possible targeting the identifiable causes of smoking.

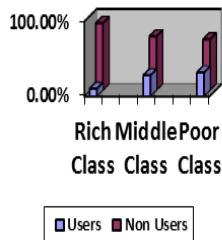
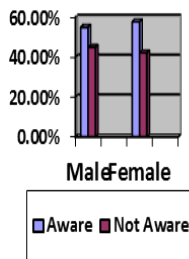
Use of smokeless tobacco is almost equal among male and female students of Kolkata City. Sharp class differences in the use of smokeless tobacco were observed: the highest percentage of users are students from poor and the lowest in rich class. Both male and female students claim awareness of the hazards of tobacco use. The main cause of taking tobacco should be further explored.

Results:

Category	No. of schools	No. of students
Boys School	2	576
Girls School	2	782
Co-ed School	1	200

Sex	Users	Non Users	Total
Male	201 (27.31%)	535 (72.69%)	736 (100%)
Female	225 (27.37%)	597 (72.63%)	822 (100%)
Total	426 (27.34%)	1132 (72.66%)	1558 (100%)

Standard	Rich class	Middle class	Poor Class.	Total
No. of schools	1	2	2	5
No of Std	200	782	576	1558



CONCLUSION:

Our pilot study shows that there are probably more factors involved in tobacco use than anticipated and that their influence is probably not the same as for smoking habits. That justifies further research involving more schools and more students:

1. on smokeless tobacco habits
2. on possible causes
3. on the prevalence of both smoking and smokeless tobacco use among adolescents

We also plan follow up research on:

1. the overall trends in smoking and smokeless habits among the adolescents
2. the prevalence of the addiction on both smokeless tobacco use and smoking



Selected references:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2671647/>

mpower, WHO Report on the Global Tobacco Epidemic, 2008, WHO, 2008

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