

FEMALE TOBACCO USERS: CAUSATIVE FACTORS AND THEIR PERCEPTION ABOUT TOBACCO HEALTH HAZARDS

Saadia Ashraf*, Amber Ashraf**, Nargis Jabeen*, Mukhtiar Zaman*, Rukhsana Anwar*, Naveed Khan

*Department of Pulmonology,
Khyber Medical College &
Teaching Hospital, Peshawar -
Pakistan

** Department of Cardiology,
Khyber Medical College &
Teaching Hospital, Peshawar -
Pakistan

Address for correspondence:

Dr. Saadia Ashraf

Department of Pulmonology,
Khyber Medical College &
Teaching Hospital, Peshawar -
Pakistan

E-mail:

saadiaashraf@msn.com

ABSTRACT

Background: Tobacco use is becoming an epidemic in both sexes in Pakistan including NWFP.

Objective: To determine the factors leading to tobacco use among female tobacco users and to gain insight into their perception about tobacco related health hazards.

Methods: A cross-sectional survey among female tobacco users. The sample was consecutive and informations were collected through a structured questionnaire via face to face interview.

Results: Total of 89 female tobacco users were interviewed . The mean age of study population was 54.6% \pm 13 yrs (range: 28-85). Out of 89, 91% were married, 71% were housewives, 76% were uneducated, 65% were current tobacco users, 35% ex-tobacco users and 46% had a family income of less than Rs. 5000/ month. Cigarette smokers were 25%, snuff users 66% whereas 8% had used huqqa. Sixty six percent of the educated females with family income of more than Rs. 10,000/ month were using cigarette whereas snuff use was more commonly in the uneducated females. Forty eight percent started using tobacco as a treatment for their medical illness whereas 15% stated that their husband's persuasion was a major factor for starting the tobacco use. Despite the fact that 64% were suffering from different tobacco related health problems, more than 50% of the study population respectively disagreed with the statements such as; that tobacco causes cancer, breathing problems, teeth and gum problems, related to asthma, its use in public place is hazardous for non-users and cigarette smoke is injurious to health of pregnant women. Eighty four percent were unable to recall any reason for starting tobacco use but 61% of the study population was willing to quit this habit. **Conclusion:** There is a lot of misconception about tobacco usefulness in certain medical conditions and the knowledge about tobacco related health hazards among female tobacco users is very low.

Key Words: Female tobacco user; kinds of tobacco; causative factors; health hazards; perceptions; beliefs;

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INTRODUCTION

Tobacco use related deaths will rise from 4.9 million from 2000 to more than 10 million by year 2030, with more than 70% deaths from developing countries.¹⁻³ Tobacco consumption also leads to innumerable health related hazards like cardiovascular events, cerebrovascular events, cancers, respiratory ill

healths.⁴ Maternal smoking is a recognized risk factor for adverse pregnancy outcomes.

Smoking frequency though decreasing in the developed countries but tobacco use is still on the rise in developing countries.⁵ According to WHO estimates, 47% men and 28% women use Tobacco globally, out of this 35% and 7% of men and women are from

developing countries respectively. Tobacco use is becoming an epidemic in both sexes in Pakistan, with 41% male and 3.8% female prevalence¹. There is a wide variation in reported female tobacco use in the literature, though one can find out increase prevalence of cigarette smoking among female, not only from developed but from developing country like Pakistan.^{6,7} However, in Pakistan, tobacco is used in different forms like huqqa (hubble-bubble), snuff (chewable tobacco), chewed with betel nuts(pans) and smoking of rolled dry leaves containing tobacco (beedi), data regarding different kinds of tobacco use is very deficient.⁸

Cigarette/ shisha smoking among educated or high income females has been reported on rise in developing countries like Pakistan as a fashion or peer pressure.⁷ Different kinds of tobacco consumption were also documented among females belonging to rural areas.⁸ Tobacco consumption leads to a number of health hazards.⁹ Despite this, the health care professionals forget to explore the tobacco related history from patients, especially female patients.¹⁰ Unless doctors enquire about tobacco history, explored the causative factors and understand their perceptions about it's use, we cannot educate our community and formulate any effective preventive strategies and policies against tobacco use.

We conducted this study with the objective to determine the causative factors among female tobacco users and to explore their perceptions about tobacco related health hazards.

METHODS

We conducted this cross- sectional study among female tobacco users, who visited chest outpatient department or admitted in chest ward, Khyber teaching hospital, due to any health related reason or accompanied by a patient. Consecutive sampling technique was employed. All those female patients, who are using or had used tobacco were included in

the study. However, those who were suffering from dementia, any mental illness, inability to communicate due to depression or cerebrovascular disease were excluded from the study. Interview with patients who were severely ill were also postponed till their recovery. Face to face interview via a structured questionnaire was conducted by a trained doctor to eliminate any bias and explain any ambiguity. Informed consent was taken prior to interview and anonymity and confidentiality of the subjects were ensured to get maximum and reliable information. Ethical permission was taken from institution ethical review board.

RESULTS

Total of 94 female tobacco users were identified during the study period. However, only 89 (95%) agreed to participate in the study. Mean age of the study population was 54.6 ± 13 years with age range 28-85. Sixty eight (76%) were non –educated as compared to 15(17%) who were educated with education level of matric or above and 6 (7%) didn't comment on their educational status. Seventy one (80%) of female tobacco users were house-wives,9 (10%) were lady health visitors (LHV), 6 (7%) were either teachers or nurse and 3 (3%) were house maids. Out of 89, 81 (91%) were married. Only 15(17%) were from Afghanistan living in Pakistan, rest were from Khyber Pakhtunkhwa. Figure 1 shows the monthly income of the study participants. Majority 70 (79%) had monthly income of less than Rs.10,000. Out of total 89, fifty eight (65%) were current tobacco users whereas 31(35%) were ex tobacco users. Fifty nine (66%) used snuff, 23(25%) smoked cigarettes whereas 7(8%) had used huqqa (hubble-bubble). Females smoking cigarettes smoked 4 - 20 cigarettes/day whereas amount of snuff used was reported upto 4 packs (one pack equivalent to 100gms) per day. All educated females used cigarette and uneducated used snuff. Among study participants, 6(8%) start using tobacco at the age of 15. Moreover, 50 (56%) start using tobacco at or before the age of 25.

Figure 1: Monthly Household Income of Study Participants

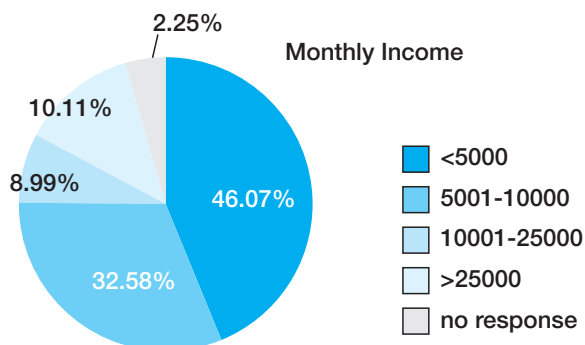


Table 1 Attitudes and perceptions of study participants regarding tobacco and its related health hazards

Statement	Number (%) of Tobacco users "agree"	Number (%) of tobacco users "disagree"	Number (%) of tobacco users "neither agree nor disagree"
Tobacco is the fashion of today	11(12)	66(74)	12(14)
Tobacco can cause cancer	20(25)	50 (56)	13 (15)
Tobacco can also cause teeth and gum related disease.	13 (15)	52 (58)	24 (27)
Tobacco use in public places is hazardous to non – user’s health.	23(26)	50 (56)	16 (18)
Tobacco use is injurious to pregnant women and new born infants.	29(33)	50(56)	10 (11)
Nicotine in cigarette is addictive.	14 (16)	48 (54)	27 (30)
Any serious illness can never happen to me.	6 (7)	76 (84)	7 (8)
I know very little about tobacco related illness.	23 (26)	52 (58)	14(16)
Tobacco can cause breathing problems.	28 (32)	48 (54)	13 (15)

Reasons given by female tobacco users for starting tobacco varied, with 43 (48%) started smoking due to one or other medical illness such as dyspepsia, constipation etc. Reasons stated by others for starting tobacco use were husband company 15%, peer pressure 10%, fun 7% and out of inquisitiveness 8% . In response to a question that who else in your home use tobacco , only 5 female reported none. Forty four female tobacco users reported more than 3 people at home used tobacco whereas 16 females reported only one relative at home using tobacco. All except one female tobacco users , reported a male relative at home using tobacco. Forty nine (55%) female tobacco users were not suffering from any acute health problem at the time of interview, however, rest were suffering from ENT (2%), respiratory (9%), epigastric discomfort (6%) heart problem (8%) and others.

The perceptions and attitudes of female tobacco users regarding tobacco and related health problems were recorded on a 3 point scale of “ agree, disagree and neither agree nor disagree. The results were given in a tabulated form in Table 1 below.

Only 11(13%) of study participants had ever tried to quit tobacco use and they are still willing to quit. Rest disagreed or didn’t comment on willingness to quit tobacco use.

DISCUSSION

Tobacco use though declining in developing countries, is on the rise in developed countries. Tobacco use was thought to be more prevalent among males but it’s increasing use being among females are revealed in different studies not only in developed countries but also in developing countries.¹¹ Poor

education status and low socio economic status were implicated as social determinants for tobacco use.¹² In our study we also found that 76% of female tobacco users were uneducated and 79% had monthly household income of less than Rs.10,000. Alarmingly we found that among 17% educated females, 15 (%) were related to health profession or education. Tobacco is used as a fashion among educated females in Pakistan as reported by National studies.^{7,13,14}

Tobacco health related hazards are a fact in which ever forms it’s being used. In Pakistan, it is being used in chewable tobacco(niswar), bedi, huqqa , cigarette or pipe. E-cigarettes are also on rise in Pakistan. As our study being conducted in only female tobacco users, 79% were from low socioeconomic status with no educational background , majority 66% used snuff and only 25% smoked cigarettes. These findings were consistent with other studies conducted in Pakistan which revealed that people with low socioeconomic status and education level had more propensity for snuff use rather than cigarette as a form of tobacco.^{9,15,16}

Tobacco industry targeted youth as their potential customers because of their immature age and likelihood to be smokers for a longer period. Young age mostly 18-20 years has been shown as an initiating age of tobacco use in most studies.¹⁷⁻¹⁹ In our study 8% started using tobacco at age of 15, whereas 50% started at or before age of 25. Slight difference in starting age can be explained by our study being conducted in just female tobacco users and then majority were house-wives and belong to low socio economic status, therefore, exposure to the common influencing factors like advertising, easy availability and peer pressure were lacking.

Causative factors for starting tobacco use reported in literature were social pressure, peer pressure, adventure, fun, to relieve stress, lose weight etc.²⁰⁻²³. However, in our study female started tobacco use either for some medical illness like dyspepsia or constipation or to give company to her husband. Weight lose were being reported in national and international studies as a common causative factor for female to start smoking but in our study as majority were from rural area with low household income and no education so weight loss as a causative factor for starting smoking was not reported.

Regarding Perceptions of tobacco related health hazards, study participants knowledge and perceptions were very poor. Almost 50% of the study participants disagree with the most common adverse effects of tobacco as a causative factor for cancer, breathing problem, teeth and gum problems. This finding is consistent with studies being conducted in rural areas in Pakistan where poor education status were reported.^{24,25} Moreover, as majority 66 % used snuff so they may consider this kind of tobacco much safer as compare to cigarette as in our country most compaigns are just against smoking and least focus on other tobacco products especially niswar (chewable tobacco).

It is of paramount concern that even those who want to quit tobacco were unable to quit and at the same time emphasize the need for establishing tobacco quit clinics, helpline and other resources along with efforts to increase awareness regarding tobacco related health hazards.

LIMITATIONS

It is a cross sectional study and therefore no causality can be established. It is hospital based study so will be very cautious in generalizing the results. Moreover, due to study being conducted among female tobacco users, cannot perceive differences of perceptions between non – tobacco users.

CONCLUSION

Female tobacco users were mostly consuming snuff, belong to low socio economic class with no education and initiated tobacco use as a remedy for some medical illness. Their perceptions and knowledge regarding tobacco related health hazards was also very poor.

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