

*Full Length Research Paper*

## Pattern of Smokeless Tobacco Use among the Women in Old Dhaka

AE Noor<sup>1</sup>, J Begum<sup>2</sup>, AI Khan<sup>3</sup>, N Amin<sup>4</sup>, TG Chowdhury<sup>5</sup>, TM Shanta<sup>6</sup>

<sup>1</sup>Dr. Ashek Elahi Noor, BDS, MPH, Lecturer, Dept. of Oral and Maxillofacial Surgery, Sapporo Dental College and Hospital, Dhaka, Bangladesh.

<sup>2</sup>Dr. Jahanara Begum, MBBS, MPH (HE) (DU), Assistant Professor & Head, Dept. of Health Education, NIPSOM, Mohakhali, Dhaka, Bangladesh.

<sup>3</sup>Dr. Asif Iqbal Khan, Associate Professor & Head Dept. of Pediatric Dentistry, Sapporo Dental College and Hospital, Dhaka, Bangladesh.

<sup>4</sup>Prof. Dr. Nurul Amin, Professor and Head Dept. of Oral and Maxillofacial Surgery, Sapporo Dental College and Hospital, Dhaka, Bangladesh.

<sup>5</sup>Dr. Tazdik G. Chowdhury, Assistant Professor & Head Dept. of Pediatric Dentistry, Update Dental College and Hospital, Dhaka, Bangladesh.

<sup>6</sup>Dr. Tazrin Mustari Shanta, Oral & Dental Surgeon, Sapporo Dental College and Hospital, Dhaka, Bangladesh.

Corresponding Author Email: [rajat.elahi@gmail.com](mailto:rajat.elahi@gmail.com)

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### **Abstract**

This descriptive type of cross sectional study was carried out to find out the pattern of smokeless tobacco use among the women in old Dhaka, during April to June 2012. A total of 105 women using smokeless tobacco were selected by purposive sampling technique. Data was collected by a structured pretested questionnaire by face to face interview. A total of 105 respondents reported smokeless tobacco consumption. Among them smokeless tobacco use was 36.2% in the age group of 31-40 years. Most of the smokeless tobacco users 73.3% were illiterate. Regular use of smokeless tobacco was 74.3% and occasional use was 25.7%. About 63% were house wives and 41.9 % user had monthly family income of Taka 5000-10000. Among them 45.3% used zarda, 27.2% used Kahini, 17.1% used sada pata and 10.5% used gul. The initiation of smokeless tobacco use was from others members of the family 44.8%. The reason behind using smokeless tobacco was stated as fun by 40% respondents. Almost 68.6 % respondents think smokeless tobacco do not cause any harm in the oral cavity while only 31.4 % stated smokeless tobacco cause harm in the oral cavity. There was significant association between occupation and regular use of smokeless tobacco ( $p < 0.05$ ). From the study finding it may be concluded that zarda is mostly used by the women as smokeless tobacco which is harmful for general health and oral health as well. Mass media should be involved to address the injurious use of smokeless tobacco on oral health which though known is ignored by the general population.

**Keywords:** Smokeless tobacco (zarda, kahini, sadapata, gul).

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## INTRODUCTION

Smokeless tobacco products have been in existence for thousands of years among population in South America and South East Asia. Smokeless tobacco is consumed without burning the product and can be used orally or nasally. Oral Smokeless tobacco products are placed in the mouth, Cheek or lip and sucked (dipped) or chewed. Tobacco paste or powder are used in the similar manner and placed on the gums or teeth. Fine tobacco powder mixture are usually inhaled and absorbed in the nasal passages. According to WHO global epidemic Bangladesh consumption report (2012), approximately 43% of adults (age 15+) in Bangladesh use tobacco. Among youth (Age 13-15), 2% Smoke Cigarettes and 16% use tobacco products other than Cigarettes. Rate of smokeless tobacco use however are slightly higher among women than men (28%-26%). (Khabiruddi and Hyder, 1999)

In Bangladesh more than 57,000 people die each year from tobacco related disease. As well in April 1994, Dental health has been including as 9<sup>th</sup> element of primary health Care World Health Organization (2008). However people living in old Dhaka are socially and culturally addicted to smokeless tobacco use from the ancient period. Smokeless tobacco is traditionally a daily festival to most of them particularly among the women in every occasion whenever they get chance. Many of them use smokeless of guests (Hatsukami *et al.*, 2004). Again studies related to smokeless tobacco use are limited. Developing countries like Bangladesh have few resources for a curative or restorative approach as well as little research is being conducted on this subject. The consequence of smokeless tobacco use needs to address to the general population through awareness program for quitting. Thus this study will help the policy maker to take necessary steps to ensure the population avoid the use of smokeless tobacco and served as a baseline for further studies in the field of smokeless tobacco use. The primary objective of this study was to understand the pattern of smokeless tobacco use among the women in old Dhaka.

## MATERIALS AND METHOD

This descriptive type of cross sectional study was conducted in Wari in old Dhaka. Study population was women who are resident in Wari in old Dhaka. A purposive sampling technique was used to get a total of 105 respondents. A structured questionnaire was developed based on the objective, contents and variables of the study. Data was collected by using the

questionnaire through face to face interview with the respondents. Collected data was cleaned and edited by the investigator himself. The data were processed manually tabulated and analyzed based on the objectives of the study. Data analyzed by using statistical package for social science (SPSS)-version 17.

## RESULTS

Table-1 shows out of 105 respondents, smokeless tobacco use was 36.2 % in the age group of 31-40 years, among the smokeless tobacco user 73.3 % were illiterate and 41.9 % were monthly family income of Taka 5000-10000.

Table-2 revealed out of 105 respondents, the initiation of smokeless tobacco use was from others members of the family 44.8 %, the reasons behind using smokeless tobacco was stated as fun by 40 % respondents and about 68.6 % think smokeless tobacco do not cause any harm in the oral cavity while only 31.4 % stated smokeless tobacco cause harm in the oral cavity.

Table-3 represents that, among them one third (30.3%) answered ulcer occurs in the mouth due to smokeless tobacco use, 27.3 % think that it causes stain in the teeth, 12.1 % think that it causes loss of appetite and 27.3% think that it causes stain in the teeth & loss of appetite.

Table-4 shows the distribution of the respondents by occupation and regular use of smokeless tobacco. Among the house wives 66.2 % uses smokeless tobacco regularly and where as in 84.6% of others group (business women, day laborer and service holder) uses smokeless tobacco regularly. Study results shows there was significant association between occupation and regular use of smokeless tobacco.

## DISCUSSION

According to WHO global status report (2005) tobacco usage is high among the Bangladeshi population and chewers are greater in proportion among women (40%) than among men (23%), World Health Organization (2008). Out of the 105 respondents, smokeless tobacco use was 36.2 % in the age group of 31-40 years. The finding is similar with this study conducted by MK Biswas, AK Biswas from March to June 2008 at BIRDEM found that the highest smoking and smokeless tobacco

**Table 1.** Distribution of the respondents by their age, educational qualification, monthly income in Taka N=105

Characteristics					
Age group	31-40 years	Frequency	38	Percent	36.2
	> 50 years		28		26.7
Educational qualification	Illiterate	Frequency	77	Percent	73.3
	Primary		20		19
Monthly income in Taka	Tk1000-5000	Frequency	41	Percent	39
	Tk5000-10000		44		41.9

**Figure 1.** Distribution of the respondents by regular use of smokeless tobacco

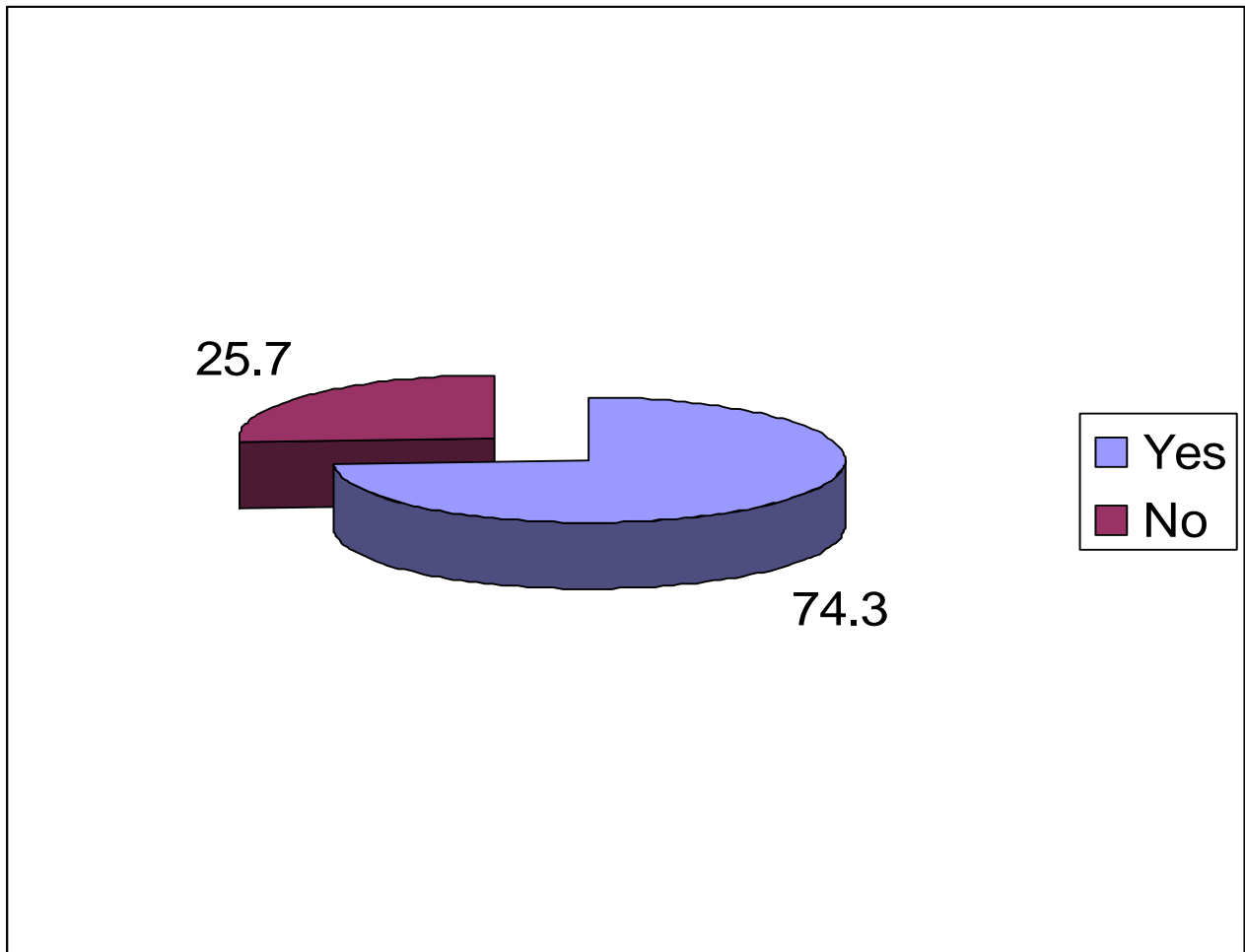


Figure 1. This above figure shows out of 105 respondents, regular use of smokeless tobacco was 74.3% and occasional use was 25.7%.

**Figure 2.** Distribution of the respondents by types of smokeless tobacco use N=105

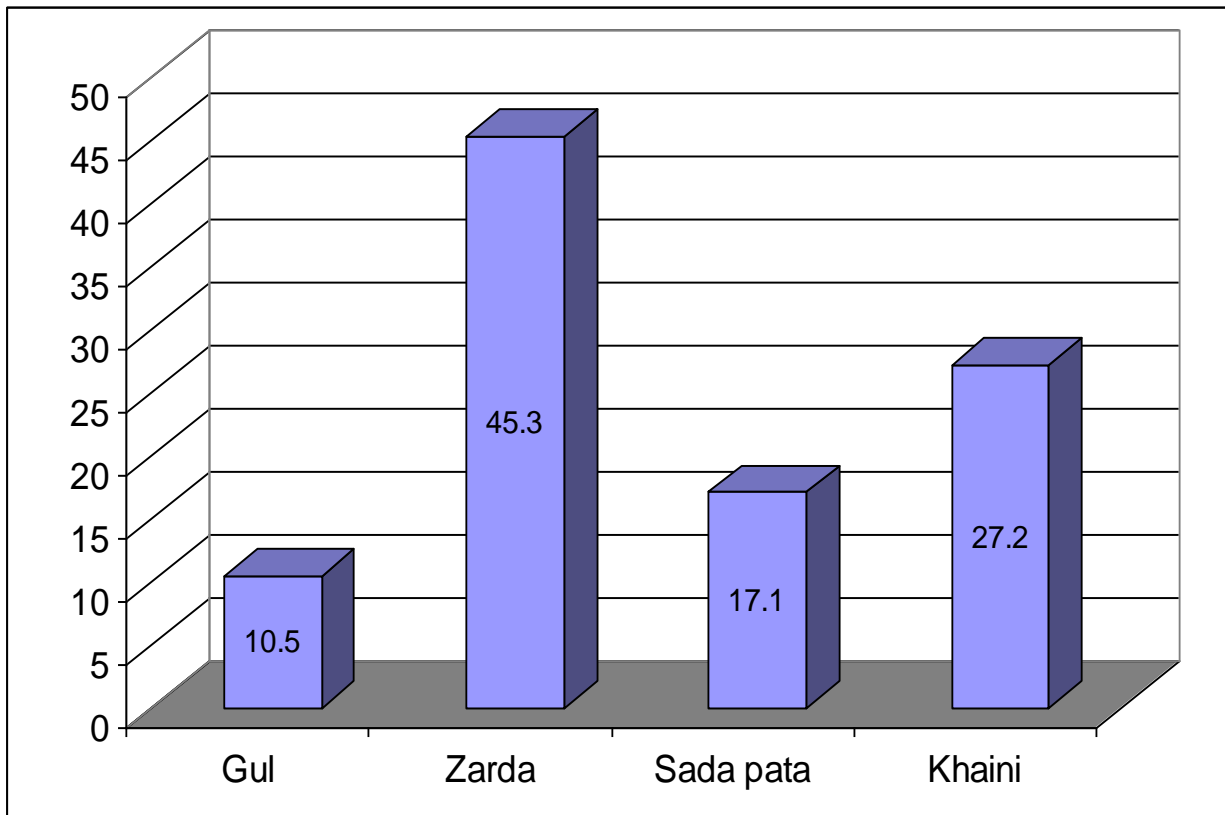


Figure 2: The above figure shows distribution of the respondents by types of smokeless tobacco use. The figure shows that the smokeless tobacco users were multiple responses. There were some respondents take varieties smokeless tobaccos responses. Among them 45.3 % used Zarda, 10.5 % used gul, 17.1 % used Sada Pata and 27.2 % used Khaini.

**Table 2.** Distribution of the respondents by initiation of smokeless tobacco use, reasons behind using smokeless tobacco, opinion cause of any harm in the oral cavity by smokeless tobacco N=105

<b>Characteristics</b>					
Initiation of smokeless tobacco use	From other members of the family	Frequency	47	Percent	44.8
	By myself		38		36.2
Reasons behind using smokeless tobacco	For addiction or habituation	Frequency	39	Percent	37.1
	For fun		42		40
Opinion cause of any harm in the oral cavity by smokeless tobacco use	Yes	Frequency	33	Percent	31.4
	No		72		68.6

**Table 3.** Distribution of the respondents by type of disease occurs in the mouth due to smokeless tobacco use N=33

Type of disease occurs in the mouth due to smokeless tobacco use	Frequency	Percent
Ulcer in the mouth	10	30.3
Stain in the teeth	9	27.3
Cancer in the oral cavity	1	3
Loss of appetite	4	12.1
Stain in the teeth, Loss of appetite	9	27.3
Total	33	100

**Table 4.** Relationship between occupation and regular use of smokeless tobacco N=105

Occupation	Regular use of smokeless tobacco				Total
	Yes		No		
	Frequency	Percent	Frequency	Percent	
House wives	45	66.2	21	31.8	66
Others (business women, day laborer, service holder)	33	84.6	6	15.4	39
Total	78	74.3	27	25.7	105

$$\chi^2 = 3.466; p < 0.05$$

consumption was within the 50-60 years age group (Hatsukami *et al.*, 2004; Hyder RK, 2004). According to the level of education out of 105 respondents, most of the smokeless tobacco users, 73.3 % were illiterate. Majority of the respondents 41.9% had family monthly within TK 5000-10000. Above finding is not similar to the study conducted by Farazi MNI: An educational intervention program on adverse effects of tobacco leaf use among the people of selected rural area in 2004 where out of 106 respondents, 25.5% were illiterate, 34.9% had primary level of education and 26.05% respondents had monthly family income within TK 1000-5000 (Farazi MNI, 2004). In this study found that out of 105 respondents, regular use of smokeless tobacco was 74.3% and occasional use was 25.7%. Above finding is similar to the study conducted by Ahmed S, Rahman A, Hulls in 2003 on use of betel quid and cigarettes among Bangladeshi patients in an inner city practice. Among 638 respondents 26% reported for chewing tobacco products. Among users 85% used daily and 15% occasionally (Ahmed S and Rahman A, 1997). According to the initiation of smokeless tobacco use was from others members of the family 44.8%. The reasons behind using smokeless tobacco were stated as fun by 40 % respondents. Above finding is not similar to the study conducted by Jalil MA. Prevalence of tobacco consumption habits among the rural people in a selected Thana of Gazipur district, Dissertation, NIPSOM 1997 showed that about 49%

respondents were motivated by friends to start tobacco consumption habits, 28.7% due to family influence and 20.5% of the respondents started due to curiosity (Jalil MA, 1997). In this study about 68.6 % respondents think smokeless tobacco do not cause harm in the oral cavity while only 31.4 % stated smokeless tobacco cause harm in the oral cavity. Among them one third (30.3%) answered ulcer occurs in the mouth due to smokeless tobacco use, 27.3 % thought that it causes stain in the teeth, 12.1 % think that it causes loss of appetite and 27.3 % think that it causes stain in the teeth & loss of appetite. It was also found that nearly 79.9% of adult American men thought tobacco snuff increase the risk of cancer whereas 83.8% adult American men considered chewing tobacco increases cancer risk. Among those who chew tobacco leaves, 71.5% knew the risk associated with it as compared to those who did not chew tobacco (Mohammad Y, 2001). The finding is same with this study. Another finding which is near about similar with this study conducted by department of social and preventive Medicine, University of Malaya, Kuala Lumpur, Malaysia in 1995. A study on smokeless tobacco use among the rural kadazan women in sabah, Malaysia out of 472 women about 73.3% of smokeless tobacco users were unaware of any adverse health effect of this type of tobacco as compare to 53.9% of the non tobacco users (Mahiuddin M, 1998).

## CONCLUSION

Tobacco being called a silent killer not only cause physical problem but also a burden for a developing country like in Bangladesh. Tobacco consumption related diseases cause serious disability both in male and female. The study revealed that of the 105 respondents smokeless tobacco use was 36.2% in the age group of 31-40 years. Most of the smokeless tobacco users, 73.3% were illiterate. Regular use of smokeless tobacco was 74.3% and occasional use was 25.7 %. About 63 % were house wives and 39 % user had monthly family income of Taka 1000-5000. Furthermore, 68.6 % respondents think smokeless tobacco do not cause harm in the oral cavity and while only 31.4 % stated smokeless tobacco cause harm in the oral cavity. There was significant association between occupation and regular use of smokeless tobacco ( $p < 0.05$ ). Health educational intervention program could be targeted among the tobacco users to prevent smokeless tobacco use. Further research could be done for risk assessment among smokeless tobacco consumer.

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