TOBACCO CONSUMPTION AMONG ADULTS IN PUTLUNGASIH

Submitted in partial fulfillment of Bachelor of Social Work V semester

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CERTIFCATE

This is to certify that the research in **'Tobacco consumption among adults'** submitted by Bajuban Reang Department of Social Work, Higher and Technical Institute, Mizoram for the award of Bachelor of Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for the award of any degree in this or any other Universities or Institute of learning.

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(BAJUBAN REANG)

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CHAPTER I

INTRODUCTION

Tobacco use is a global epidemic among young people. The impact of cigarette smoking and other tobacco use on chronic dis ease, which accounts for 75% of American healthcare spending, is well documented and undeniable. However, progress has been made since the first Surgeon General report on smoking and health in 1964. Nearly one in four high school seniors is a current smoker. Most young smokers become adult smokers. One-half of adult smokers die prematurely from tobacco-related diseases. Despite thousands of programs to reduce youth smoking and hundreds of thousands of media stories on the dangers of tobacco use, generation after generation continues to use these toxic products, and family after family continues to suffer the devastating consequences.

Nearly all tobacco use begins in childhood and adolescence. In all, 88% of adult smokers who smoke daily report that they started smoking by the age of 18 years. This is a time in the life of significant vulnerability to social influences, such as those offered through the marketing of tobacco products and the modelling of smoking by attractive role models, as in a movie, which has substantial effects on the young.

Cigarettes are the only legal consumer products worldwide that cause one-half of their long-term users to die prematurely. As this epidemic continues to take its toll in the United States, it is also increasing in low- and middle-income countries that cannot afford the resulting health and economic consequences. It is past time to end this epidemic. To do so, primary prevention is required, for which our focus must be on youth and young adults. As noted in this report, we now have a set of proven tools and policies that can drastically lower youth initiation and use of tobacco products. Fully committing to using these tools and executing these policies consistently and aggressively is the most straightforward and effective to make future generations tobacco-free

The 1994 Surgeon General's Report

This Surgeon General's report on tobacco is the second to focus solely on young people since these reports began in 1964. Its primary purpose is to update the science of smoking among youth since the first comprehensive Surgeon General's report on tobacco use by children, *Preventing Tobacco Use Among Young People*, was published in 1994. That report concluded that if young people can remain tobacco-free until 18 years of age, most will never start to smoke. The report documented the addiction process for young people and how the symptoms of addiction in youth are similar to those in adults. Tobacco was also presented as a gateway drug among young people because its use generally precedes and increases the risk of using illicit drugs. Cigarette advertising and promotional activities were seen as a potent way to increase the risk of cigarette smoking among young people. At the same time, community-wide efforts were shown to have successfully reduced tobacco use among youth. These conclusions remain essential, relevant, and accurate, as documented in the current report. Still, there has been considerable research since 1994 that significantly expands our knowledge about tobacco use among youth, its prevention, and the dynamics of cessation among young people. Thus, there is a compelling need for the current report.

Tobacco Control Developments

Since 1994, multiple legal and scientific developments have altered the tobacco control environment and thus have affected smoking among youth. The states and the U.S. Department of Justice brought lawsuits against cigarette companies, with the result that many internal documents of the tobacco industry have been made public and have been analyzed and introduced into the science of tobacco control. Food and Drug Administration authority to regulate tobacco products to promote the public's health. Certain tobacco companies are now subject to regulations limiting their ability to market to young people. In addition, they have had to reimburse state governments (through agreements made with some states and the Master Settlement Agreement) for some healthcare costs. Due in part to these changes, there was a decrease in tobacco use among adults and among youth following the Master Settlement Agreement, which is documented in this current report.

Recent Surgeon General Reports Addressing Youth Issues

Other reports of the Surgeon General since 1994 have also included significant conclusions that relate to tobacco use among youth. In 2001, the Surgeon General's report focused on women and smoking. Besides reinforcing much of what was discussed in earlier reports, this report documented that girls were more affected than boys by the desire to smoke for weight control. Given the ongoing obesity epidemic, the current information includes a more extensive review of research in this area.

The 2004 Surgeon General's report further provided evidence that cigarette smoking in young people is associated with the development of atherosclerosis.

The 2010 Surgeon General's report on the biology of tobacco focused on understanding biological and behavioural mechanisms that might underlie the pathogenicity of tobacco smoke. Although there are no specific conclusions in that report regarding adolescent addiction, it does describe evidence indicating that adolescents can become dependent at even low consumption levels. Two studies referenced in that report suggest that because the adolescent brain is still developing, it may be more susceptible and receptive to nicotine than the adult brain.

The has also substantially contributed to the review literature on youth and tobacco use by producing relevant systematic assessments of health-related programs and interventions. Relevant to this Surgeon General's report are Cochrane reviews on interventions using mass media, community interventions to prevent smoking, the effects of advertising and promotional activities on smoking among youth, preventing tobacco sales to minors, school-based programs, programs for young people to quit using tobacco, and family programs for stopping smoking by youth. These reviews have been cited throughout the current report when appropriate.

Substantial new research has added to our knowledge and understanding of tobacco use and control as it relates to youth since the 1994 Surgeon General's report, including updates and new data in subsequent Surgeon General's reports, IOM reports, in NCI Monographs, and Cochrane Collaboration reviews, in addition to hundreds of peer-reviewed publications, book chapters, policy reports, and systematic reviews. Although this report is a follow-up to the 1994 report, other necessary studies have been undertaken in the past 18 years and have served to fill the gap during a hectic and essential time in research on tobacco control among youth.

Young people

This report focuses on “young people.” In general, work was reviewed on the health consequences, epidemiology, aetiology, reduction, and prevention of tobacco use for those in the young adolescent (11–14 years of age), adolescents (15–17 years of age), and young adults (18–25 years of age) age groups. When possible, an effort was made to be specific about the age group to which a particular analysis, study, or conclusion applies. Because hundreds of articles, books, and reports were reviewed, there are unavoidable inconsistencies in the terminology used. "Adolescents," "children," and "youth" are used mostly interchangeably throughout this report. This group generally encompasses those 11–17 years of age, although "children" is a more general term that will include those younger than 11. Typically, those 18–25 years old are considered young adults (even though, developmentally, the period between 18–20 years of age is often labelled late adolescence), and those 26 years of age or older are considered adults.

In addition, it is essential to note that the report is concerned with active smoking or the use of smokeless tobacco on the part of the young person. The information does not consider young people's exposure to secondhand smoke, also referred to as involuntary or passive smoking, which was discussed in the 2006 report of the Surgeon General. Additionally, the report does not discuss research on children younger than 11 years old; there is very little evidence of tobacco use in the United States by children younger than 11 years of age, and although there may be some predictors of later tobacco use in those younger years, the research on active tobacco use among youth has been focused on those 11 years of age and older.

Tobacco Use

Although cigarette smoking is the most common form of tobacco use in the United States, this report focuses on other conditions as well, such as using smokeless tobacco (including chew and snuff) and smoking a product other than a cigarette, such as a pipe, cigar, or bidi (tobacco wrapped in tendu leaves). Because for young people, the use of one form of smoking has been associated with other tobacco products, it is imperative to monitor all conditions of tobacco use in this age group. The term "tobacco use" in this report indicates the use of any tobacco product. When "smoking" is used alone, it refers to cigarette smoking.

This chapter provides a short synopsis of other reports that have addressed smoking among youth and, after listing the significant conclusions of this report, will end by presenting findings specific to each chapter. This report ("The Health Consequences of Tobacco Use Among Young People") focuses on the diseases caused by early tobacco use, the addiction process, the relation of body weight to smoking, respiratory and pulmonary problems associated with tobacco use, and cardiovascular effects. ("The Epidemiology of Tobacco Use Among Young People in the United States and Worldwide") provides recent and long-term cross-sectional and longitudinal data on cigarette smoking, use of smokeless tobacco, and other tobacco products by young people, by racial/ethnic group and gender, primarily in the United States, but including some worldwide data. ("Social, Environmental, Cognitive, and Genetic Influences on the Use of Tobacco Among Youth") identifies the primary risk factors associated with tobacco use among youth at four levels, including the larger social and physical environments, smaller social groups, cognitive factors, and genetics and neurobiology. ("The Tobacco Industry's Influences on the Use of Tobacco Among Youth") includes data on marketing expenditures for the tobacco industry over time and by category, the effects of cigarette advertising and promotional activities on young people's smoking, the impact of price and packaging on use, the use of the Internet and movies to market tobacco products, and an evaluation of efforts by the tobacco industry to prevent tobacco use among young people. ("Efforts to Prevent and Reduce Tobacco Use Among Young People") provides evidence on the effectiveness of family-based, clinic-based, and school-based programs, mass media campaigns, regulatory and legislative approaches, increased cigarette prices, and community and comprehensive state efforts in the fight against tobacco use among youth. ("A Vision for Ending the Tobacco Epidemic") points to the next steps in preventing and reducing tobacco use among young people.

However, an assessment of a casual relationship is only utilized in presenting some of the report's conclusions. The major decisions are written as important summary statements easily understood by those reading the description. Some findings, particularly those found in (epidemiology), provide observations and data related to tobacco use among young people and are generally not examinations of causal relationships. For conclusions written using the hierarchy above, a careful and extensive review of the literature has been undertaken for this report based on the accepted causal criteria. Evidence characterized as Level 1 or Level 2 was prioritized for inclusion as chapter conclusions.

In addition to causal inferences, statistical estimation and hypothesis testing of associations are presented. For example, confidence intervals have been added to the tables in the chapter on the epidemiology of youth tobacco use, and statistical testing has been conducted for that chapter when appropriate. The chapter on efforts to prevent tobacco use discusses the relative improvement in tobacco use rates when implementing one type of program (or policy) versus a control program. Statistical methods, including meta-analytic methods and longitudinal trajectory analyses, are also presented to ensure that the methods of evaluating data are up to date with the current cutting-edge research that has been reviewed.

Statement of the problem

Tobacco is a leading preventable cause of death, killing nearly six million people yearly. Reversing this entirely preventable manufactured epidemic should be our top priority. This global tobacco epidemic kills more people than tuberculosis, HIV/AIDS and malaria combined. This epidemic can be resolved by becoming aware of the devastating effects of tobacco, learning about the proven effective tobacco control measures, national programmes and legislation prevailing in the home country and then engaging thoroughly to halt the epidemic to move toward a tobacco-free world. In the Putlungasih community, almost 80% of the population indulges in tobacco substances. There is no restriction regarding tobacco; everyone is free, and awareness has not been taken seriously. Understanding the tobacco problem in India, focusing more efforts on what works and investigating the impact of sociocultural diversity and cost-effectiveness of various modalities of tobacco control should be.

CHAPTER II
LITERATURE REVIEW

Getachew and Bethlehem (2018), with the increase in alternative tobacco product (ATP) use and lagging public health action, we explored perceptions of ATPs, antitobacco messaging, and tobacco regulation among young adults. ATP risk information was limited or inaccessible from many indications, and most antitobacco campaigns were irrelevant to ATPs. Research, antitobacco campaigns, and regulation must address their known and potential risks in light of low-risk perceptions regarding ATPs among young adults.

Hyland and KM Cummings (2006) assess the relationship between exposure to state-sponsored antitobacco advertising and smoking cessation. Antitobacco advertising in the media may be one way to effectively increase the end of tobacco for adults, particularly if the danger of consuming tobacco is stated more basic and factually and if the antitobacco advertisement is shown more regularly.

Priya Mohan, Harry A Lando, and Sigamani Panneer (2018) state that effective tobacco control should be a top priority as a health issue and a method to reduce poverty. The need for tobacco control is clear, and aggressive antitobacco campaigns should be increased, including increased public awareness of tobacco harms and active engagement of worksites and health professionals in promoting tobacco cessation.

Isreal T. Agaku, Brian A. King and Shanta R. Dube (2014) despite significant declines during the past 30 years, cigarette smoking among adults in the United States remains widespread, and year-to-year decreases in prevalence have been observed only intermittently in recent years. Proven population-level interventions, including tobacco price increases, high-impact antitobacco mass media campaigns, comprehensive smoke-free laws, and barrier-free access to help to quit, are critical to decreasing cigarette smoking and reducing the health and economic burden of tobacco-related diseases should be used to reduce tobacco consumption.

M Wakefield (2005), the objective of this study was to assess the relationship between exposure to state-sponsored antitobacco advertising and smoking cessation. Anti-smoking advertisements are an essential component of comprehensive tobacco control programs. They are designed to counter pro-tobacco influences and increase pro-health throughout a state, region or community Message.

Lois Brenner's (2000) this article responds to Defong and Hoffman's critique of the Massachusetts antitobacco television advertisements. It presents data on the recall and perceived effectiveness of the advertisements by a representative sample of adults and youth. It summarizes a previously published analysis of the impact of exposure to ads on the progression to regular smoking among youth. These data indicate that the campaign has achieved high levels of penetration into the population, that the public sees the advertisements as effective, and that high levels of reported exposure are associated with reductions in teen smoking.

David Zucker (2000) The "truth" campaign was created to change youth attitudes about tobacco and reduce tobacco use throughout Florida by using youth-driven advertising, public relations, and advocacy. Results of the campaign include a 92 per cent brand awareness rate among teens, a 15 per cent rise in teens who agree with critical attitudinal statements about smoking, a 19.4 per cent decline in smoking among middle school students, and an 8.0 per cent decline among high school students. States committed to results-oriented youth antitobacco campaigns should look to Florida's "truth" campaign as a model that effectively places a child at the helm of antitobacco efforts.

Donna M Vallone (2022) suggested that the estimates did not differ from one another in mass media campaigns are an effective population-level intervention for preventing tobacco use. However, little evidence exists for whether these campaigns similarly influence demographic subgroups. We used a weekly aggregated campaign exposure measure to assess whether cigarette smoking intention and current cigarette are varied by race/ethnicity, financial situation and population density subgroups, controlling for factors known to be associated with tobacco use.

CHAPTER III

METHODOLOGY

In this chapter, the description of the methodology of the study is presented. The study's success ultimately depends on the methods and techniques in the present study.

3.1 Methodology

3.1.1 Universe of the study

The universe of the study comprises the household and institutional preparedness regarding tobacco consumption among adults in the Putlungasih community. The unit of the survey will be individual, and the perception of the community people was also taken.

3.1.2 Research Design

The present study is a Descriptive Research Design.

3.1.3 Sampling

Putlungasih community is selected for study as it is where the researcher belongs. Samples were determined using the quota sampling method. Sampling is taken from a different respondent. The quota sampling method will be used from 12 respondents from other households.

3.4 Data Processing

The quantitative data collected was processed with the help of Microsoft Excel and SPSS. It was analyzed with the help of percentages and averages.

3.5 Data collection.

A qualitative method is employed where an interview questionnaire is used to collect qualitative data.

3.6 Field Setting

Name of the community	: Putliungasih
Year of Establishment	: 1972
No of population	: 1,800
No of households	: 450
No of YMA section	: 3
No of Educational Institution	: 5
No of NGO	: 5
No of Church Denomination	: 6
No of Health sub-centre	: 2
No of a watershed	: 3
No of retailer	: 2

CHAPTER IV

RESULTS AND DISCUSSION

Tobacco use among youth is increasing in epidemic proportions across the world. It is estimated that the vast majority of tobacco users start using tobacco products well before the age of 18 years. Tobacco use during adolescence and early adulthood have profound public health implications. Adolescent onset tobacco use leads to 'accelerated dependency' within a short period from first exposure. In addition, it has been consistently linked to heart disease, cancers, and premature mortality. Tobacco use among youth has also been well recognized as behaviour that defies social norms. To understand the prevention of the Putlungasih community regarding tobacco substances, the following variables are studied by enquiring different questions on how they prevent themselves, their level of awareness of tobacco and the prevention of each individual from tobacco substance abuse.

4. Structural bases

4.1 Demographic background

Most of the respondents are male at the age of 17-25, and are married, and most of them are not married. All of them are educated and they are in high school, most of them are under a higher standard, and some few respondent are bachelor.

5.2 Social Background

Their social status is not similar to each other most of them are bru and Mizo. They all belong to Christian families, and their denomination is BBC, BCM and Presbyterian. Mostly their source of income is agricultural farming, and a few respondents are government servants. The socioeconomic of the respondent are APL, BPL and AAY members.

5.3 Types of tobacco

There are two types of tobacco users smoke and smokeless. The smoke items are cigarettes and Marijuana. The smokeless person they use to intake is Sahdah and Shikhar.

5.4 Reason for tobacco use

The real reason for dragging them into tobacco substances is that they lack self-confidence, and some of them do not interest in studies; social media influence many of them to get into tobacco

5.5 Effect on individual

Tobacco intake can lead to many diseases like cancer and daily life, and it can damage their health as well as depression, anxiety, irritability, headache, frustration, loss of appetite, cough, sore throat and even anger.

Effects on community

They are all aware that tobacco intake is not suitable for them, and most of them received consulting from doctors and awareness from their parents and teacher, but they are not taken care of or driven. Hence, they are not in a position to quit, and they lack self-confidence. Tobacco creates many problems in the community and families or individuals; tobacco drags them into poverty; they are low financially, and the community's economy is not growing fast.

Level of discussion

From the collection of their data, we focused on preventive measures; we asked several questions, and they suggested that they wish to have an excellent medical facility, a home for substance abuse, and a hospital.

Table 4.1

Social Background			
Sl. No		**Freq.**	**%**
		n =12	
Ethnicity	Mizo	2	16.67
	Non-Mizo	10	83.33
Religion	Christianity	100	833.33
Denomination	Bru Baptist Church	7	58.33
	Baptist Church of Mizoram	4	33.33
	Presbyterian Church of India	1	8.33
Source of Income	Government Service	4	33.33
	Agricultural farming	8	66.67
Socio-Economic Category	APL	4	33.33
	BPL	7	58.33
	ANY	1	8.33

Source: Computed

From this table, we can list the social status of the respondent of the tobacco substance users. Most of them are non-Mizo bru with a percentage of 83.33% and 16,67%of Mizo, and all are Christian, and their denomination is different such as 58.3% of Bru Baptist Church (BBC), 33,33% of BCM and 8,33 members of Presbyterian Church of Mizoram. Their source of income is mostly from agricultural farming, and 33.33 per cent are government servants. Their socioeconomic are 4 APL members,7 BPL and 1 AAY member.

Table 4.2

Types of Tobacco			
Sl. No		**Freq.**	**%**
		n = 12	
Types of Tobacco	Smokes	7	58.33
	Smokeless	5	41.67
Smokes	Cigarettes	6	85.71
	Marijuana	1	14.29
Smokeless	Sajdah	3	60.00
	Shikhar	2	40.00

Source: Computed

This table shows that two types of users like smokes and smokeless. The smokes of cigarette smokers are 85,71%, and 14% of members smoke Marijuana. The smokeless percentage they intake is 60% of Sahdah and 40% of Shikhar takers.

Table 4.3

Reasons for Tobacco Use			
Sl.No		**Freq.**	**%**
		n = 12	
Not interested in studies	Agree	11	91.67
	Strongly Agree	0	0.00
	Disagree	1	8.33
	Strongly Disagree	0	0.00
Feeling down and sad	Agree	12	100.00
	Strongly Agree	0	0.00
	Disagree	0	0.00

	Strongly Disagree	0	0.00
Having trouble sleeping	Agree	5	41.67
	Strongly Agree	5	41.67
	Disagree	2	16.67
	Strongly Disagree	0	0.00
Feeling loneliness	Agree	5	41.67
	Strongly Agree	1	8.33
	Disagree	6	50.00
	Strongly Disagree	0	0.00
Feeling irritable	Agree	5	41.67
	Strongly Agree	1	8.33
	Disagree	6	50.00
	Strongly Disagree	0	0.00
Stress reliever	Agree	12	100.00
	Strongly Agree	0	0.00
	Disagree	0	0.00
	Strongly Disagree	0	0.00
Feeling restless and Jumpy	Agree	10	83.33
	Strongly Agree	2	16.67
	Disagree	0	0.00
	Strongly Disagree	0	0.00
Having trouble thinking clearly and concentrating	Agree	6	50.00
	Strongly Agree	0	0.00
	Disagree	6	50.00

	Strongly Disagree	0	0.00
My Parents are smokers	Agree	2	16.67
	Strongly Agree	1	8.33
	Disagree	9	75.00
	Strongly Disagree	0	0.00
Slower heart rate	Agree	7	58.33
	Strongly Agree	0	0.00
	Disagree	4	33.33
	Strongly Disagree	1	8.33
Expelled from school	Agree	3	25.00
	Strongly Agree	1	8.33
	Disagree	8	66.67
	Strongly Disagree	0	0.00
Feeling hungry or gaining weight	Agree	3	25.00
	Strongly Agree	4	33.33
	Disagree	5	41.67
	Strongly Disagree	0	0.00
Influenced by Social media	Agree	5	41.67
	Strongly Agree	2	16.67
	Disagree	3	25.00
	Strongly Disagree	2	16.67
Lack of Self-control	Agree	12	100.00
	Strongly Agree	0	0.00
	Disagree	0	0.00

	Strongly Disagree	0	0.00
Inferiority complex	Agree	8	66.67
	Strongly Agree	1	8.33
	Disagree	3	25.00
	Strongly Disagree	0	0.00
Stigma and discrimination	Agree	5	41.67
	Strongly Agree	0	0.00
	Disagree	7	58.33
	Strongly Disagree	0	0.00
Physical abuse from teachers or parents	Agree	6	50.00
	Strongly Agree	0	0.00
	Disagree	6	50.00
	Strongly Disagree	0	0.00
Emotional abuse from teachers or parents	Agree	7	58.33
	Strongly Agree	0	0.00
	Disagree	4	33.33
	Strongly Disagree	1	8.33

Source: Computed

From this table, we sort out the reason for their tobacco indulge; almost 91% responded that they are not interested in studies, so it leads to smoking, and all the respondents indulge in tobacco due to feeling down. Sad, some of them have a problem sleeping, and some do not; they indulge in tobacco because they sometimes feel lonely and irritable. Some of them are not, and they use tobacco as their stress reliever; they feel restless and jumpy; some of them have trouble thinking and concentrating, and some of them indulge just because their parents are also indulged; they take as it is supposed to be some of them are because they are not students anymore and feeling hungry make sometimes drag them in tobacco. They are

influenced by social media and accept that they lack self-control. It can be because of inferiority sometimes, and sometimes they face abuse and discrimination, dragging them to indulge in tobacco.

Table 4.4

Effects on Individuals

Sl. No		**Freq.**	**%**
		n = 12	
Depression	Agree	3	25.00
	Strongly agree	0	0.00
	disagree	6	50.00
	strongly disagree	3	25.00
Feeling of frustration	Agree	7	58.33
	Strongly agree	1	8.33
	disagree	4	33.33
	strongly disagree	0	0.00
Anxiety	Agree	1	8.33
	Strongly agree	3	25.00
	disagree	8	66.67
	strongly disagree	0	0.00
Irritability	Agree	4	33.33
	Strongly agree	4	33.33
	disagree	4	33.33
	strongly disagree	0	0.00
Trouble concentrating	Agree	5	41.67
	Strongly agree	5	41.67
	disagree	2	16.67
	strongly disagree	0	0.00
Headache	Agree	5	41.67

	Strongly agree	6	50.00
	disagree	1	8.33
	strongly disagree	0	0.00
Tiredness	Agree	5	41.67
	Strongly agree	6	50.00
	disagree	1	8.33
	strongly disagree	0	0.00
Loss appetite	Agree	8	66.67
	Strongly agree	0	0.00
	disagree	3	25.00
	strongly disagree	1	8.33
Weight gain	Agree	8	66.67
	Strongly agree	0	0.00
	disagree	3	25.00
	strongly disagree	1	8.33
Slower health rate	Agree	7	58.33
	Strongly agree	4	33.33
	disagree	1	8.33
	strongly disagree	0	0.00
Cough, Sore throat and Nasal drip	Agree	8	66.67
	Strongly agree	4	33.33
	disagree	0	0.00
	strongly disagree	0	0.00
Dry mouth	Agree	8	66.67
	Strongly agree	4	33.33

	disagree	0	0.00
	strongly disagree	0	0.00
Anger	Agree	6	50.00
	Strongly agree	3	25.00
	disagree	3	25.00
	strongly disagree	0	0.00

Source: Computed

From this table, the respondent faces many problems in their personal 25% agree that they have depression, and 50% say no. 58.33% of respondents feel frustrated, and 33.33% do not agree. We asked if they had anxiety; only one respondent said yes, and the rest said they didn't. 33.33 have irritability, 33.33 don't agree, and 33.33 don't agree. Tobacco leads to trouble thinking. Most of them agree, and only 16.67% do not agree. Most of the respondents lead to tiredness, and one respondent says no. Tobacco leads to loss of appetite 66.67% agree, and 25% do not agree. Cough and sour throat are one of the most problems faced by them. All the respondents agree that tobacco sometimes leads to anger 50.00% agree and 25% have strongly agreed, and 25% does not agree

Effects on Community		
Sl. No	**Freq.**	**%**
	n = 12	
Lack of Self Confident	1	8.33
Low economic Status	5	41.67
Poor Education	6	50.00

Source: Computed

From this table, the community had a significant impact due to tobacco. Although it is rural, tobacco can bring changes in many ways; due to smoking, they quit their studies, which affects their education status, and some are farmers, which affects their finances and their economic and daily living.

Table 4.5

levels of awareness		
Do you know what exactly tobacco is	Frequency	Per cent
	N=12	100
Try to quit tobacco		
yes	11	91.7
no	1	8.3
Total	12	100
Consulting doctor regarding tobacco use		
no	4	33.3
yes	8	66.7
Total	12	100
Community restriction on tobacco consumption		
no	7	58.3
yes	5	41.7
Total	12	100
Community-organized awareness of tobacco		
no	12	100
Community distribution of nicotine gum		
no	12	100
community taking care of substance abuse		
no **Source: Computed**	12	100

Challenges faced in community participation		
Bad leadership	2	16.7
Bad membership	8	66.7
Lose self-confidently	1	8.3
Poor leadership	1	8.3
Total	12	100

Source: Computed

From this table, all of them are aware of tobacco and know that smoking is not suitable for their health. Based on my research, most received consulting and awareness regarding tobacco substances. Still, they needed a specific way of organizing awareness or a home for those needing help. This community faces some problems in community participation due to this tobacco; they find it hard to have good leadership even in membership as well they usually need more self-confidence.

CHAPTER V

CONCLUSION

Major findings

In this chapter the major findings drawn from the analysis and interpretation of data discussed in the previous chapter and suggestion are given.

From the data collected we can list out the social status of the respondent of the tobacco substance users. Most of them are non-Mizo bru with a percentage of 83.33% and 16,67%of Mizo and all are Christian and their denomination are different such as 58.3% of Bru Baptist church (BBC) 33,33% of BCM and 8,33 members of Presbyterian church of Mizoram. Their source of income is mostly from agricultural farming and 33.33 percent are government servant. Their socio economic are 4 APL members ,7 BPL and 1 AAY members.

From the data collected shows that there are two types of users like smokes and smokeless. The smokes are cigarette smokers is 85,71% and 14% of members use to smoke Marijuana. Smokeless percent that they use to intake are 60% of Sahdah and 40% of Shikhar takers

From the data collected we sort out the reason of their tobacco indulged almost 91% responded that they are not interested in studies so it leads to smoking and all the respondent indulge in tobacco dure to feeling down and sad some of them have problem in sleeping and some of them are not they indulge in tobacco because they feeling lonely sometimes and they feel irritable and some of them are not and they use tobacco as their stress reliever they feel restless and jumpy some of them are having trouble thinking and concentrating and some of them indulge just because their parents are also indulge they take as a bit supposed to be some of them are because they are not a student’s anymore and feeling hungry make sometime drag them in tobacco and they are so influences by social media and they accept themselves that they have lack of self-control and it can because of inferiority sometimes and sometime they face abuse and discrimination so it drag them to indulge in tobacco

From the data collected the respondent faces many problems in personal 25% agree that they have depression and 50% say no to it. 58.33% respondent have feeling of frustration and 33.33% does not agreed. We asked if they have anxiety only 1 respondent say yes to it and the rest say they don't have anxiety. 33.33 have irritability 33.33 don't agree and 33.33 does not agree at all. Tobacco leads to trouble thinking most of them agree and only 16.67% do not agree. Almost most of the respondent leads to tiredness and 1 respondent says no to it. Tobacco leads to loss appetite 66.67% agree and 25% does not agree. Cough sour throat are one of the most problems faced by them all the respondent agrees on its tobacco sometimes leads to anger 50.00% agree and 25% have strongly agree and 25% does not agree on it.

From the data collected the community had major impact due to Tobacco. Although it is rural tobacco can bring changes in many ways due to Tobacco, they quit their studies so it effects in their education status and some of them are a farmer it effects their financial and their economic and daily living

From the data collected all of them are aware of tobacco and they all know that tobacco is not good for their health but base on my research most of them received a consulting and awareness regarding tobacco substances but they did not have a specific way of organising awareness or a home for those who are in need of help .This community faces some problem in community participation due to this tobacco they finds it hard to have a good leader ship even in membership as well they usually have the lack of self-confident .

5.2 CONCLUSION

The positive thing about Putlungasih is that they do not have an addicted person or who in need of treatment like that. Most of the community people about 80% are indulged in tobacco like smokes and smokeless they don't have a patient like cancer patient or having problem because of tobacco but as most of the community are indulging in tobacco so the community must be aware that tobacco is one of the main reason of their slow growth their community and they should be taken a serious process regarding how to reduce the percentage of tobacco substances and they should be taken a major ways to lifted and find a solution how to make balance of their daily living in taking tobacco. From my observation each individual should look themselves and fight for their own way of quitting tobacco and the community should have restrict regarding tobacco that will lead them to be more mature and more reliable person of their own.

5.3 SUGGESTION

In the light of the findings the following suggestion are being made. The study suggests that if there could be proper awareness on how to reduce the tobacco substances and having restriction a tobacco substance in the community especially among adults. It is also suggested that if there is a key leader who can handle and take in charge regarding tobacco and also provide a good medical facility to the community.

References

Agaku, I. T., Filippidis, F. T., Vardavas, C. I., Odukoya, O. O., Awopegba, A. J., Ayo-Yusuf, O. A., & Connolly, G. N. (2014). Poly-tobacco use among adults in 44 countries during 2008–2012: Evidence for an integrative and comprehensive approach in tobacco control. Drug and Alcohol Dependence, 139, 60–70. doi:10.1016/j.drugalcdep.2014.03.003.

Akbar, S. A., Tomko, R. L., Salazar, C. A., Squeglia, L. M., & McClure, E. A. (2018). Tobacco and cannabis co-use and interrelatedness among adults. Addictive Behaviour's. doi:10.1016/j.addbeh.2018.11.036

Anderson Johnson, C., Palmer, P. H., Chou, C.-P., Pang, Z., Zhou, D., Dong, L., … Unger, J. B. (2006). Tobacco use among youth and adults in Mainland China: The China Seven Cities Study. Public Health, 120(12), 1156–1169. doi:10.1016/j.puhe.2006.07.023

Aristei, D., & Pieroni, L. (2008). *A double-hurdle approach to modelling tobacco consumption in Italy. Applied Economics, 40(19), 2463–2476.* doi:10.1080/00036840600970229

Bal, D. G. (1990). Reducing Tobacco Consumption in California. JAMA, 264(12), 1570. doi:10.1001/jama.1990.034501200820342

Blazer, D. G., & Wu, L.-T. (2012). Patterns of tobacco use and tobacco-related psychiatric morbidity and substance use among middle-aged and older adults in the United States. Aging & Mental Health, 16(3), 296–304. doi:10.1080/13607863.2011.615739

Coleman, B., Rostron, B., Johnson, S. E., Persoskie, A., Pearson, J., Stanton, C., … Hyland, A. (2018). Transitions in electronic cigarette use among adults in the Population Assessment of Tobacco and Health (PATH) Study, Waves 1 and 2 (2013–2015). Tobacco Control, tobaccocontrol–2017–054174. doi:10.1136/tobaccocontrol-2017-054174

Delnevo, C. D., Giovenco, D. P., Steinberg, M. B., Villanti, A. C., Pearson, J. L., Niaura, R. S., & Abrams, D. B. (2015). Patterns of Electronic Cigarette Use Among Adults in the United States. Nicotine & Tobacco Research, 18(5), 715–719. doi:10.1093/ntr/ntv237

Filippidis, F. T., Vardavas, C. I., Loukopoulou, A., Behrakis, P., Connolly, G. N., & Tountas, Y. (2012). Prevalence and determinants of tobacco use among adults in Greece: 4 year trends. The European Journal of Public Health, 23(5), 772–776. doi:10.1093/eurpub/cks148

Jimenez-Ruiz, J. A., de Miera, B. S., Reynales-Shigematsu, L. M., Waters, H. R., & Hernandez-Avila, M. (2008). The impact of taxation on tobacco consumption in Mexico. Tobacco Control, 17(2), 105–110. doi:10.1136/tc.2007.021030

John, R. M. (2005). *Tobacco consumption patterns and its health implications in India. Health Policy, 71(2), 213–222.* doi:10.1016/j.healthpol.2004.08.008

Han, B., Compton, W. M., & Blanco, C. (2016). Tobacco Use and 12-Month Suicidality Among Adults in the United States. Nicotine & Tobacco Research, 19(1), 39–48. doi:10.1093/ntr/ntw136

Kahar, P., Misra, R., & Patel, T. G. (2016). Sociodemographic Correlates of Tobacco Consumption in Rural Gujarat, India. BioMed Research International, 2016, 1–9. doi:10.1155/2016/5856740

King, B. A., Dube, S. R., & Tynan, M. A. (2012). Current Tobacco Use Among Adults in the United States: Findings From the National Adult Tobacco Survey. American Journal of Public Health, 102(11), e93–e100. doi:10.2105/ajph.2012.301002

Mohan, P., Lando, H. A., & Panneer, S. (2018). Assessment of Tobacco Consumption and Control in India. Indian Journal of Clinical Medicine, 9, 117991611875928. doi:10.1177/1179916118759289

Townsend, L., Flisher, A. J., Gilreath, T., & King, G. (2006). *A systematic literature review of tobacco use among adults 15 years and older in sub-Saharan Africa. Drug and Alcohol Dependence, 84(1), 14–27.* doi:10.1016/j.drugalcdep.2005.12.008

Reddy, P., Zuma, K., Shisana, O., Kim, J., & Sewpaul, R. (2015). Prevalence of tobacco use among adults in South Africa: Results from the first South African National Health and Nutrition Examination Survey. South African Medical Journal, 105(8), 648. doi:10.7196/samjnew.7932

Saffer, H., & Chaloupka, F. (2000). The effect of tobacco advertising bans on tobacco consumption. Journal of Health Economics, 19(6), 1117–1137. doi:10.1016/s0167-6296(00)00054-0

Schauer, G. L., Berg, C. J., Kegler, M. C., Donovan, D. M., & Windle, M. (2015). Differences in Tobacco Product Use Among Past Month Adult Marijuana Users and Nonusers: Findings From the 2003–2012 National Survey on Drug Use and Health. Nicotine & Tobacco Research, 18(3), 281–288. doi:10.1093/ntr/ntv093

Stanton, C. A., Keith, D. R., Gaalema, D. E., Bunn, J. Y., Doogan, N. J., Redner, R., … Higgins, S. T. (2016). *Trends in tobacco use among US adults with chronic health conditions: National Survey on Drug Use and Health 2005–2013. Preventive Medicine, 92, 160–168.* doi:10.1016/j.ypmed.2016.04.008

Swatan, J. P., Sulistiawati, S., & Karimah, A. (2020). Determinants of Tobacco Smoking Addiction in Rural Indonesian Communities. Journal of Environmental and Public Health, 2020, 1–5. doi:10.1155/2020/7654360

Villanti, A. C., Richardson, A., Vallone, D. M., & Rath, J. M. (2013). *Flavored Tobacco Product Use Among U.S. Young Adults. American Journal of Preventive Medicine, 44(4), 388–391.* doi:10.1016/j.amepre.2012.11.031

Wheldon, C. W., Kaufman, A. R., Kasza, K. A., & Moser, R. P. (2018). Tobacco Use Among Adults by Sexual Orientation: Findings from the Population Assessment of Tobacco and Health Study. LGBT Health, 5(1), 33–44. doi:10.1089/lgbt.2017.0175

TOBACCO CONSUMPTION AMONG ADULTS IN PUTLUNGASIH

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(Interview Schedule)

I. Profile of the Respondent

Name	
Age	
Head of the family	1)Male 2) Female
Religion	1)Christian 2)Hindu 3)Muslim 4)Others
Denomination	1)B.C.M 2)L.I.K.B.K 3)UPC 4)Synod 5)Others
Type of Family	1)Joint 2) Nuclear
Size of the family	
Form of family	1)Stable 2)Broken 3)Reconstituted
Family status	1)AAY 2)PHH 3)Non-NFSA
Marital status	1)Married 2) Unmarried 3) Divorced 4) Separated 5) Widower 6) Widow
Educational Qualification	

II. Types of Tobacco consume

Types of Tobacco consume	**Yes**	No
Smoke		
Snokeless		

III. Reasons of tobacco use

SI. No.		Strongly Agree	Agree	Disagree	Strongly Disagree
1	Not interested in studies				
2	Feeling down and sad				
3	Having trouble sleeping				
4	Feeling loneliness				
5	Feeling irritable				
6	Stress relief				
7	Feeling restless and jumpy				
8	Got married				
9	Having trouble thinking clearly and concentrating				
10	My parents are smokers				
11	Slower heart rate				
12	Expelled from school				
13	Feeling hungrier or gaining weight				
14	Influenced by social media				
15	Lack of self-control				

IV. Effects of tobacco on individual

Sl. No.		Strongly Agree	Agree	Strongly Disagree	Disagree
1	Depression				
2	Feeling of frustration				
3	Anxiety				
4	Irritability				
5	Trouble concentrating				
6	Headache				
7	Tiredness				
8	Increase appetite				
9	Weight gain				
10	Slower health rate				

11	Cough, sore throat and nasal drip				
12	Dry mouth				
13	Anger				

V. Levels of awareness

Do you know what exactly is tobacco			
Do you ever try to quit tobacco	yes	no	Never
Have you ever been to doctor regarding tobacco			
Did your community have strict on tobacco substances			
Did your community organised awareness about tobacco			
Do your community distribute nicotine gum			
Did your community taking care of substance abuse			
Did you face problem in participating in community because you indulge in tobacco substances			
Did your friends take part in the reason of your habit of doing tobacco			
Did your community			

Do you receive counselling regarding tobacco in your community			