

Prevalence Of Tobacco Consumption Among Migrant Construction Workers: A Cross Sectional Study

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ABSTRACT

Background: As the primary risk factor for the six leading causes of death, tobacco use is a serious public health concern. According to Devika P. Jeeragyal (2014), tobacco-related diseases cause an average loss of 20–25 years of life, with the majority of these deaths occurring in those between the ages of 35 and 69, a critical age range for the workforce.

Methodology: Cross sectional study was conducted among 226 Construction workers at Construction site at Thiruvananthapuram district, Kerala. A non-randomized purposive sampling technique was used.

Results and discussion: The present study revealed that males were more common; Out of 226, 178 (79%) comprised the predominant gender group in the study. Among the reasons for starting tobacco, common practices at home, in the neighborhood, and in the workplace were 156 (69%), peer influence was 62 (27%), and toothache was 84%. Those who never thought of quitting tobacco were 12 (5%), and those who had thought of quitting tobacco were 214 (95%). Among those, 21 (9%) had no attempts to quit tobacco use, 193 (85%) had several quit attempts ranging from 1-6 times, and 12 (5%) had quit attempts more than six times.

Conclusion: By systematically documenting the prevalence of tobacco habits and associated issues, healthcare institutions can be encouraged to conduct regular screenings and oral health education programs focused on tobacco cessation. This initiative aims to raise awareness among a largely uneducated and often neglected population about the importance of quitting tobacco use.

Keywords: Prevalence, Tobacco, Migrant, Consumption.

1. INTRODUCTION

“Tar the roads, not your lungs.”

The World Health Organization gauges that approximately 50% of men and 8% of ladies in creating nations smoke. Universally, around 1.1 billion individuals utilize tobacco, and this number is anticipated to rise to 1.6 billion by 2025.¹ In India, oral cancer makes up more than 50% of all cancers in men and 25% in ladies, with an especially high effect on people from lower socio-economic and less taught foundations.² Cigarette smoking is commonly acknowledged among men with small confinement, whereas less than 5% of grown-up ladies are smokers.³ Smoking is related with various lethal and non-fatal wellbeing conditions, counting cancers of the lung, larynx, stomach, liver, and leukemia, as well as chronic pulmonary obstructive disease, cardiovascular disorder, macular degeneration and peripheral vascular diseases.⁴ Variables impacting the choice to start and keep up smoking incorporate reverence for smoking celebrities, parental smoking, peer pressure, social hones (such as hookah utilize), hereditary components, and natural impacts.⁵ Tobacco is devoured in different shapes, such as chewable sorts counting khaini, zarda, kiwam, bajjar, masher, gul, gudhaku, and container masala, tobacco chips with or without lime, gutkha, mawa, and naswar.⁶ Smoked shapes of tobacco incorporate bidis, cigarettes, hookah, chillum, cigars, cheroot and chutta.⁷ Tobacco use originates from the primary cycle, with studies showing that students who smoked were 61% more likely to consume alcohol and had twice the probability of doing so.⁸

SIGNIFICANCE OF THE STUDY

In 2017, Sathish Muthukumar Ramalingam et al, done a descriptive cross-sectional study with 702 participants to examine the prevalence of tobacco-related habits among migrant construction workers in Chennai. The discoveries uncovered that 38.8% (272 out of 702) of people detailed chewing tobacco, 12.5% (37 out of 702) had both smoking and chewing tobacco propensities, and 43.4% (305 out of 702) had a history of any tobacco-related propensities.⁹ Reports demonstrate that the period between 15 and 24 a long time of age in India is the foremost powerless time for the start of tobacco utilize.¹⁰ The combination of smoking and liquor utilization incorporates a more prominent effect on illness burden than either behavior alone.¹¹ In expansion to wellbeing results, it leads to critical social and financial misfortunes to open wellbeing, counting costs related with ill-health.¹²

Teaching vagrant development specialists approximately the dangerous impacts of tobacco is considered a capable and successful methodology.¹³ In this setting, the analysts highlighted the significance of customary screenings to empower early location of possibly harmful mucosal disorders.¹⁴

STATEMENT

Assess the prevalence of tobacco consumption among migrant construction workers in Kezhakkootam, at Thiruvananthapuram District, Kerala.

OBJECTIVES

- To assess the prevalence of tobacco consumption among Migrant Workers.

METHODS AND METERIALS

This is a descriptive cross-sectional study, and the study population included men and women migrant construction site workers with or without chewing or smoking habits. A purposive sampling technique was used for this study. Subjects not willing to participate were excluded from the study. After obtaining informed consent, each study participant's demographic details and tobacco-related habit history and frequency were recorded. A total of 226 subjects, 178 men and 48 women, were examined in the age group ranging from 18 to 60 years.

RESULTS AND DISCUSSION

The collected data was analyzed and presented in the following sections:

Table 1: Socio-demographic distribution of the study subjects.

Variable	Frequency	%
Age Group		
18 to 25 years	18	8%
26 to 35 years	54	24%
36 to 45 years	80	36%
46 to 55 years	62	27%
>55 years	12	5%
Gender		
Male	178	79%
Female	48	21%
Religion		
Christian	59	26%
Hindu	128	57%
Muslim	39	17%
Type of tobacco use		
No habit	12	5%
Smoking	49	22%
Chewing	132	58%
Both smoking and chewing	33	15%

Reasons for starting tobacco.		
Common practice at home, neighborhood and workplace.	156	69%
Peer influence	62	27%
Toothache	8	4%
Ever thought of stopping tobacco use		
Yes	214	95%
No	12	5%
What made you think of quitting		
Relative advise	52	23%
Health worker advise	73	32%
Fear of disease	93	41%
Others	8	4%
Quit attempts		
None	21	9%
1-6	193	86%
>6	12	5%

RESULTS AND DISCUSSION

Smoking and chewing tobacco habits account for one of every ten adult deaths worldwide. Of the total 226 subjects, 18 to 25 years were 8%, 26 to 35 years were 24%, 36 to 45 years were 35%, 45 to 55 years were 27%, and more than 55 years were 5%.

Males were more common; 226 out of 178 (79%) comprised the predominant gender group in the study. Among tobacco users, 128 (57%) were Hindus, 59 (26%) were Christians, and 39 (17%) were Muslims.

49 (22%) of the individuals reported the habit of smoking, 132 (58%) of the individuals reported the habit of chewing, and 33 (15%) individuals reported the habit of both smoking and chewing tobacco.

Among the reasons for starting tobacco, common practices at home, in the in the neighborhood, and at the workplace were 156 (69%), peer influence was 62 (27%), and toothache was 84%.

Those who never thought of stopping tobacco use were 12 (5%), and those who have thought of stopping tobacco use were 214 (95%). About 52 (23%) of the workers thought quitting tobacco use was due to relative advice; 73 (32%) were due to health worker advice; and 93 (41%) were due to fear of disease.

Among those, 21 (9%) had no attempts to quit tobacco use, 193 (85%) had several quit attempts ranging from 1-6, and 12 (5%) had quit attempts more than six times.

CONCLUSION

Smokeless tobacco consumption is a significant risk factor for developing precancerous and cancerous conditions

in the mouth. Due to the high prevalence of tobacco use, especially smokeless forms, among construction workers in southern India, this population is likely to exhibit a greater incidence of tobacco-related precancerous oral lesions. Therefore, they should be considered a priority group for routine screening to ensure early identification of potentially malignant disorders of the oral mucosa. Taking such preventive steps may allow for timely treatment, thereby decreasing the rates of illness and death caused by oral cancer.

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