



A STUDY TO ASSESS THE KNOWLEDGE REGARDING THE HAZARDS OF TOBACCO USE AMONG THE DRIVERS IN SELECTED AREAS OF LUCKNOW

Jijy P Jacob¹, Akanksha Gautam², Anju Verma², Ankita Diwedi², Arun Mishra², Asha Goswami², Beena Daniel², Sakshi Singh², Subhi Kashyap²

¹Associate Professor, St. Mary's College of Nursing, Lucknow

²BSc Nursing Interns, St. Mary's College of Nursing, Lucknow

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Abstract

Background of the Study: Several countries have taken measures to control the consumption of tobacco with usage and sales restrictions as well as warning messages printed on packaging. Additionally, smoke-free laws that ban smoking in public places such as workplaces, theaters, and bars and restaurants reduce exposure to second hand smoke and help some people who smoke to quit, without negative economic effects on restaurants or bars. Tobacco taxes that increase the price are also effective, especially in developing countries. Even though the Government took many steps to decrease tobacco use like MPOWER, tobacco use is increasing day by day especially among the weaker sections of the society due to the lack of awareness regarding the hazards of tobacco consumption. So, the researchers decided the need of this study to be carried out. **Objective of this study is to assess the knowledge regarding hazards of tobacco use among drivers.** **Materials & Methods:** Descriptive research design was adapted for this study. The study was conducted at auto stand of Kursi road and St. Mary's Polyclinic Road, Lucknow. 60 drivers who fulfilled the inclusion criteria were selected as samples for study, using purposive sample technique. The data collection instrument consists of three sections. Section A include personal data, Section B include clinical variables and Section - C consists of standardized questionnaire with 25 questions to assess the knowledge regarding hazards of tobacco consumption. **Results:** Findings of this study revealed that 36.67% of the rickshaw drivers were having adequate knowledge regarding the hazards of tobacco use, 53.33 % of rickshaw drivers having moderate knowledge and the remaining 10 % of them were having inadequate knowledge regarding hazards of tobacco use. **Conclusion:** The study findings showed that samples who participated in this study predominantly have good and moderate knowledge regarding the hazards of tobacco use. Regardless of having good or moderate awareness related to the hazards of tobacco use, prevalence of tobacco use is very high among auto/rickshaw drivers.

Keywords: Auto drivers, Knowledge, Rickshaw drivers, Tobacco Hazards

Introduction

Tobacco use is the single greatest cause of preventable death globally. As many as half of the people who use tobacco die from complications of tobacco use. The World Health Organization (WHO) estimates that each year tobacco causes about 6 million deaths (about 10% of all deaths) with 600,000 of these occurring in non-smokers due to second hand smoke. In the 20th century

tobacco is estimated to have caused 100 million deaths. Similarly, the United States Centers for Disease Control and Prevention describes tobacco use as "the single most important preventable risk to human health in developed countries and an important cause of premature death worldwide."

Currently, the number of premature deaths in the U.S. from tobacco use per year outnumber the number of

workers employed in the tobacco industry 4 to 1. According to a 2014 review in the New England Journal of Medicine, if current smoking patterns persist, tobacco will kill about 1 billion people in the 21st century, half of them before the age of 70. Tobacco is a risk factor of many diseases. It affects the heart, liver and lungs and can cause even cancers. In 2008, WHO named tobacco as world's single greatest preventable cause of death. [1] Indian studies have recognized tobacco use as a major health hazard. [2,3] Tobacco consumption has overall been a major contributor to deaths due to circulatory diseases, pulmonary and malignant diseases in India. [2] Smoking also increases the incidence of clinical tuberculosis, is a cause of half the male tuberculosis deaths in India, and of a quarter of all male deaths in middle age. A recent nationwide study on smoking and mortality in India estimated that smoking in persons between the ages of 30 and 69 years is responsible for about 1 in 20 deaths of women and 1 in 5 deaths of men, totaling to 1 million deaths per year. [4]

The nicotine in any tobacco product readily absorbs in to the blood when an individual uses it. Upon entering the blood, nicotine immediately stimulates the adrenal glands to release the hormone epinephrine. Epinephrine stimulates the central nervous system and increases vital signs, breathing, and heart rate. As with drugs like cocaine and heroin, nicotine increases levels of the chemical messenger dopamine, which affects parts of the brain that control reward and pleasure. Studies suggest that other chemicals in tobacco smoke, like acetaldehyde may enhance nicotine's effects on the brain. [5,6,7] The tobacco has many side effects that are divided into immediate and long-term effects. The immediate effects of the tobacco use are initial stimulation reduction in activity of brain and nervous system, increase alertness and concentration, increase blood pressure and heart rate, decrease blood flow to finger and toes, decrease appetite, headache etc. whereas the long-term effects include increased risk of stroke and brain damage, cataract, cancer of mouth, asthma, COPD, MI, hypertension, lower fertility, damage the sperm and impotence, loss of sensation of smell and taste. The epidemics of tobacco use are higher

according to WHO in 2014. Tobacco kills nearly 7 million people every year. More than 6 million deaths are the result of direct tobacco use whereas more than 8 lakhs deaths are by the result of second-hand smoke.[8]

The incidence of tobacco is one million smokers in world, 80% live in low - and middle-income country. According to India's national sample survey data in 2013 there are about 184 million tobacco consumers. There are 40% smokeless tobacco users, 20% are consuming cigarettes and about 40% of the people are using beedi and chewing tobacco. [9,10] According to Global Adult Tobacco Survey-2 released by Ministry of Health and Family Welfare in 2016 - 2017, 52.1 % of men, 17.7% of women and 35.5% of all adults of Uttar Pradesh either smoke tobacco and or use smokeless tobacco. From GATS 1 to GATS 2, the prevalence of smokeless tobacco use has significantly increased by 4.1 %. Khaini, gutka and beedi are the three most commonly used tobacco products.[11] A cross sectional study on tobacco consumption pattern among auto rickshaw drivers in Chennai city Tamil Nadu was done. For the study 400 samples were selected from 40 auto stands and the result shows that the consumption of tobacco product was very high [87%]. Auto rickshaw drivers mostly used the tobacco in form of gutkha [72%] and beedi [40%] in comparison to other products.[12] A cross sectional study was conducted to find out the prevalence and pattern of tobacco use among auto rickshaw drivers of South Delhi. Results revealed that 69% of the auto-rickshaw drivers are currently using tobacco in one form or the other. Use of multiple tobacco products is also quite high; 54% of tobacco users consumed both smoked as well as smokeless forms of tobacco. Beedi smoking is the most common form of tobacco consumption among current users.[13]

Several countries have taken measures to control the consumption of tobacco with usage and sales restrictions as well as warning messages printed on packaging. Additionally, smoke-free laws that ban smoking in public places such as workplaces, theaters, and bars and restaurants reduce exposure to secondhand smoke and help some people who smoke

to quit, without negative economic effects on restaurants or bars. Tobacco taxes that increase the price are also effective, especially in developing countries. Even though the Government took many steps to decrease tobacco use like MPOWER, tobacco use is increasing day by day especially among the weaker sections of the society due to the lack of awareness regarding the hazards of tobacco consumption. So, the researchers decided the need of this study to be carried out. Objective of this study is to assess the knowledge regarding hazards of tobacco use among drivers.

Materials and Methods

Descriptive research design was adapted for this study. The study was conducted at auto stand of Kursi road and St. Mary's Polyclinic Road, Lucknow. 60 drivers who fulfilled the inclusion criteria were selected as samples for this study by using purposive sampling technique. The data collection instrument consists of three sections. Section - A include personal data (age, education, religion, marital status, type of family, types of vehicles, per day income) and Section - B includes clinical variables (form of tobacco use, age of tobacco use started, motivational factors for tobacco use, number of tobacco products used per day, source of information, ever tried to quit, do you face any health problem because of tobacco use). Section - C consists of standardized questionnaire with 25 questions to assess the knowledge regarding hazards of tobacco consumption. Descriptive and inferential statistics were used to analyze the data.

Results

The result showed that majority (80%) of the participants were in the age group of 20 – 40 years of age, majority of them were Hindus (93.33%), with regard to education most of them have completed primary level of education (66.66%), 70 % of the participants daily income is below 500 rupees. 53.33% of the participants were from nuclear family and all of the samples were riding electric rickshaw. In clinical variables 80% of the participants reported they were chewing (spit) tobacco, and the maximum 36.67% of the subjects started using tobacco at the age of 10-15 year and 33.33% of the population reported that they started using tobacco products before the age of 10 years. 56.67% reported peer pressure as the motivational factor for tobacco use. 63.3 % of the participants use more than 5-10 pockets of tobacco per day. Most (40%) of the subjects got information about the hazards of tobacco use through media. The majority of the participants (76.67%) reported that they tried to quit tobacco use. 13.3 % of them were using tobacco to relieve stress, another 13.3 % were using tobacco to reduce tiredness and 3.4 % reported tobacco use gives pleasure and another 3.3% reported time pass as the reason behind tobacco use. 66.6 % of them were using tobacco for unknown or other reasons. In regard to health problems, among 20% of participants lack of appetite is present, and in 10 % of participants reported to have breathing problems. Majority of the participants 70% were not particular about health problem.

Table 1: Frequency, percentage of socio-demographic variables (n = 60)

Demographic Variables	Frequency (f)	Percentage (%)
Age	20 – 30 Years	40
	31-40 Years	40
	41 – 50 Years	20
Education	Primary	66.67
	High School	10

	Secondary School	14	23.33
	Graduation	00	00
Religion	Hindu	56	93.3
	Muslim	04	6.67
	Christian	00	00
	Others	00	00
	Married	46	76.67
Marital Status	Single	14	23.33
	Nuclear	32	53.3
Type of Family	Joint	28	46.67
	Less than Rs 500	42	70
Per day Income	Rs 501 – 1000	12	20
	Rs 1001 - 1500	06	10

Table 2: Frequency and percentage of clinical variables (n=60)

Clinical Variables		Frequency (f)	Percentage (%)
Which form of tobacco do you use	Smoke	12	20%
	Snus	00	0%
	Chewing	48	80%
	Snuff	00	0%
When did you start using tobacco	< 10 Years	20	33.33 %
	10 – 15 Years	22	36.67 %
	16 – 20 Years	14	23.33%
	>20 Years	04	6.67 %
Motivational factor for tobacco use	Peer pressure	34	56.67%
	Occupational pressure	22	36.67%
	Social pressure	04	6.67 %
	Family circumstances	00	0%
Number of tobacco products use per day	< 5 packets	22	36.67%
	5 – 10 packets	26	43.33%
	11 – 15 packets	06	10%
	>15 packets	06	10%

Source of Information about hazards of tobacco	Books	08	13.34%
	Media	24	40%
	Friends/Neighbors	20	33.33%
	Family Members	08	13.33%
Have you ever tried to quit tobacco	Yes	46	76.67%
	No	14	23.33%
Reason for tobacco use	It relieves stress	08	13.33%
	It reduces tiredness	08	13.33%
	It gives pleasure	02	3.33%
	To spent time	02	3.33%
	Other reason	41	66.66%
Do you have any health problem	Lack of appetite	12	20%
	Breathlessness	06	10%
	Weight loss	00	0%
	Other ailments	42	70%

Table 3 Level of Knowledge regarding the hazards of tobacco use (n=60)

Level of Knowledge	Frequency	Percentage	Mean	S.D
Inadequate Knowledge	06	10%		
Moderate Knowledge	32	53.33%	11.1	0.611
Adequate Knowledge	22	36.67%		

S.D – Standard Deviation

Data presented in the table 3 shows that 36.7% of the population were having adequate knowledge regarding the hazards of tobacco use, 53.33 % of the participants were having moderate knowledge and the remaining 10% of them were having inadequate knowledge regarding the hazards of tobacco use.

Discussion

Using tobacco product is harmful. Inhaling tobacco exposes users to more than 7000 toxicants and at-least 70 carcinogens, damaging the whole body. The objective of this study is to assess the knowledge

regarding the hazards of tobacco use among the drivers in the selected areas of Lucknow.

In clinical variables of this study 80% of the participants reported they were chewing (spit) tobacco. A cross sectional study on tobacco consumption pattern among auto-rickshaw drivers was conducted in Jaipur city, Rajasthan. 94 samples were selected through the random sampling technique. The result revealed that consumption of tobacco product among the auto rickshaw drivers was very high (87%). Auto rickshaw drivers mostly use tobacco in the form of gutkha (72%) and beedi (40%) in comparison to other products. [14]

Findings of this study revealed that the maximum 36.67% of the subjects started using tobacco at the age of 10-15 years and 33.33% of the population reported that they started using tobacco products before the age of 10 years. These results are similar with the findings of other studies. A study conducted to assess the prevalence of tobacco use among adolescents of Haryana. Findings revealed that more than 40% of children had started the habit of tobacco use in between 10–15 years of age. [15] About 20 million children of ages 10–14 are estimated to be tobacco-addicted according to a survey done by the National Sample Survey Organization of the Indian Government.[16]

Results of this study shows that 56.67% of participants reported peer pressure as the motivational factor for tobacco use. Consistent findings were revealed by other previous studies. A cross-sectional study was done to find out the social capital and peer influence of tobacco consumption household heads in rural Uttar Pradesh, India. Findings explored the relationships of peer influence and social capital with tobacco consumption. It concluded that the peer influence of the community does affect a man's tobacco consumption behavior beyond his personal preference. [17]

The majority of the participants of this study (76.67%) reported that they tried to quit tobacco use. The Global Adult Tobacco Survey (GATS 2017) has revealed that over 55% smokers and 50% of smokeless tobacco users in India want to quit the habit, but have been unsuccessful. Much of the failure in quit rate of tobacco use in India has been attributed to lack of trained health professionals to engage in tobacco cessation program. "Although with brief advise there was 55% quit rate, 23% relapsed later due to the addiction. Tobacco is reportedly more addictive than any other substance of abuse.[18] Tobacco quit attempts are less likely to be successful. This could be mainly due to reduced community support for quitting and less motivation to quit and stabilize addictive behavior with socio-cultural traditions.[19]

13.3 % of the samples of this study were using tobacco to relieve stress, another 13.3 % were using tobacco to reduce tiredness and 3.4 % reported tobacco use gives pleasure and another 3.3% reported time pass as the

reason behind tobacco use. 66.6 % of them were using tobacco unknown or other reasons. In regard to health problems, among 20% of participants lack of appetite is present, and in 10 % of participants reported to have breathing problems. Majority of the participants 70% were not particular about health problem. Similar findings were revealed by a cross-sectional study on tobacco consumption pattern among auto rickshaw drivers in Chennai city. According to this Prevalence of tobacco use among auto rickshaw drivers was very high. Mostly they use tobacco products to reduce stress, to be awake or to remove nervousness but a large number of participants also use them without any reason. Almost one half of the study population was suffering from tobacco related diseases like cough, ulcer on mouth and lung disorders.[20]

Findings of this study revealed that 36.67 % of the rickshaw drivers were having adequate knowledge regarding the hazards of tobacco use, 53.33 % of rickshaw drivers having moderate knowledge and the remaining 10 % of them were having inadequate knowledge regarding hazards of tobacco use.

Studies conducted in the past revealed the similar findings. A study conducted to find out the prevalence of habits for various tobacco products among drivers and conductors. It revealed that prevalence of tobacco consumption is very high amongst the Transport staff (drivers, technicians and conductors), and the commonest form is Gutka. They initiate this habit at an average age of 15 years. Peer pressure and work stress is the commonest cause for initiating this habit. Knowledge and awareness are high, but still, they use the tobacco. Further, addiction level for tobacco is very high and they want to quit this habit but unable to quit in the absence of any guidance and counseling. [21]

Conclusion:

The study findings showed that samples who participated in this study predominantly have good and moderate knowledge regarding the hazards of tobacco use. Regardless of having good or moderate awareness related to the hazards of tobacco use, prevalence of tobacco use is very high among auto-rickshaw drivers. So governmental and non-governmental organizations

would come forward to formulate appropriate in-depth training and awareness programs among such vulnerable population to quit tobacco use.

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