

Determinants of Tobacco Use among Immigrant Workers Around a University in South India – A Qualitative Approach

Roy Arora Swati¹, Kallol Roy^{2*}

ABSTRACT

Background: According to the global adult tobacco survey – prevalence of smokeless tobacco (SLT) use in India is highest in the world and 60% of tobacco users in India currently use SLT products. The prevalence of SLT use among women in Karnataka is 14.7%, among immigrant women daily wage workers is 87.2%. There is paucity of information about tobacco consumption among females, especially which calls for an urgent need to address the issue. **Aim:** The aim of this study was to examine underlying factors which initiated SLT use and their knowledge levels about its ill effects among immigrant daily wage workers in a University setting of South India. **Settings and Design:** This was a qualitative study conducted at office sites ($n = 6$) within University Premises of Manipal, Karnataka. **Materials and Methods:** The focus group and interview guides were semi-structure in nature and developed in the context of a guide to a conversation/discussion. It covered all research questions that could be answered by this qualitative approach. **Statistical Analysis:** Thematic analysis was used to report and interpret the findings. **Results and Conclusion:** A total of six focus group discussion's ($n = 55$ participants) and 20 in-depth interview's ($n = 20$ participants) were conducted. Themes emerged – “Factors for uptake of SLT use,” “Poor knowledge on adverse effects of SLT use,” “Easy Availability and Accessibility,” and “Thoughts and Suggestions on quitting.” Reappraising social determinants in access to tobacco prevention and cessation support services to migrant construction workers may be a promising strategy to reduce health harms of SLT use.

Keywords: Determinants, Female workers, Migrant laborers, Qualitative study, Smokeless tobacco, Tobacco use
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INTRODUCTION

The World Health Organization has given an estimate that 4.9 million people worldwide died in 2000 due to tobacco use.^[1] Cancer of the oral cavity is the 11th most common cancer worldwide and the fourth most common cancer in South-Central Asia.^[2] The consumption of tobacco, both smoking and smokeless tobacco (SLT), has been associated with an increased risk of chronic and terminal diseases. These consist of periodontal diseases, oral and pharyngeal cancers, myocardial infarction, and problems in pregnancy, including stillbirth and low birth weight. If this present pattern of tobacco use persists, then it could cause as many as one billion premature deaths globally in the 21st century.^[3]

In the Indian context, the use of tobacco implies a varied range of smokeless (e.g., bidi, gutkha, khaini, paan masala, chutta, gul, mawa, and misri) and smoking forms (hookah, cigarettes, bidis, chillum, etc.) of tobacco available in a varied price range which clearly reflects varying socioeconomic and demographic patterns of tobacco consumption.

According to the global adult tobacco survey – an efficient and systematic surveillance mechanism monitoring tobacco epidemic, the prevalence of SLT use in India is highest in the world and 60% of tobacco users in India currently use SLT products.^[4] The prevalence of SLT use among women in Karnataka is 14.7%, among immigrant women daily wage workers is 87.2%.^[5]

There is paucity of information about tobacco consumption among females, especially which calls for an urgent need to address the issue.^[6,7] Narrowing the lens to immigrant women daily wage workers in India, there are very few studies which have assessed and reported the factors for SLT uptake, use, its pattern, and other risk factors among them. Few studies have used qualitative methods to assess the various perceptions of SLT users.^[8,9]

Therefore, the overall aim of this qualitative study was to further examine underlying factors which initiated SLT use and their knowledge levels about its ill effects among immigrant

¹Department of Central Research Services, Bhaikaka University, Karamsad, Gujarat, India.

²Department of Extension Programmes, Amrita Patel Centre for Public Health, Bhaikaka University, Karamsad, Gujarat, India.

Corresponding Author: Kallol Roy, Department of Extension Programmes, Amrita Patel Centre for Public Health, Bhaikaka University, Karamsad, Gujarat, India. E-mail: kallol.roy.7575@gmail.com

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women daily wage workers in a district of South India. Being able to understand their perceptions of SLT use, interventions could be developed focusing on counter strategies and public health messages can be framed to prevent SLT initiation and encourage cessation, especially among these vulnerable populations.

METHODS

Ethics

The Institutional Ethics Committee ethical clearance for the study (KMC IEC 833/2015) was obtained. Informed Consent was obtained from all participants before the study.

Study Design

Female workers (participants) who were current consumers of SLT and had participated in a quantitative study which was done

earlier were approached by the research team. Inclusion criteria were as follows: (1) Participants above 18 years, (2) interest in voluntary participation in these discussions and interviews, and (3) having used/consumed a tobacco product at least once every day or most of the days over a period of 1 month or more.

Six focus group discussion (FGD's) and 20 qualitative in-depth interview (IDI's) were conducted. A total of 55 female workers (participants) agreed to participate in the FGDs and 20 agreed to participate in the IDI's. Informed consent was obtained from all participants.

Settings

This study was conducted in the General Construction Company office sites ($n = 6$) in University Premises, Manipal, Udupi District, Karnataka. These sites were chosen due to convenience. According to the 2011 census, the total population of Udupi district is 1,177,908. The marginal workers account for 53,795 out of which female workers are 28,394 in number. The worker population are mainly immigrants from various states of India such as Maharashtra, Tamil Nadu, Andhra Pradesh, and Uttar Pradesh. These workers are usually characterized by low socioeconomic status, largely rural and farm-based, high rates of unemployment in their states of origin, low educational attainment, poor access to health services, inadequate health coverage, and poor health outcomes.

Data Collection

These FGDs were done to gain independent insights and to assess the saturation of information from FGD's, separate IDIs were conducted with participants. Participants who were not a part of the FGD's were invited for IDI's. All sessions were audio-taped and transcribed.

The focus group and interview guides were semi-structure in nature and developed in the context of a guide to a conversation/discussion. It covered all the research questions of the study that could be answered by this qualitative approach. Probes were used to deepen the discussion, to illuminate specific responses, and to encourage participants to elaborate on various topics, including their perceptions of use of SLT products, addiction, tobacco industry, and health effects of tobacco.

Data Analyses

Research team members directly observed all focus groups and interviews and were engaged in analytical debriefing discussions immediately following each session. The audio recordings were transcribed in the local language (Kannada) and then to English. These transcripts were run through an independent group of individuals (fluent in Kannada and English) for back translations to Kannada.

Two researchers developed codes by independently reading focus group and interview transcripts, and devising codes that emerged from the data. The research team then met as a group to discuss codes and create a master list of codes and definitions. The research team members then coded the transcripts. Coding schemes were revised in consultation with all team members to reconcile the codes and achieve consensus. Discrepancies on coding were resolved by a third coder. To further generate organizational schemes, conceptualize, and sort the data, researchers wrote memos, which focused the emerging themes

and concepts, into a discussion that emphasizes the outcomes of the analysis. During analysis, team members met regularly to discuss the emerging data and the memos generated by this process. Thematic codes included beliefs about risks and benefits of SLT, knowledge of and experience with novel SLT products, beginning use of SLT, health consequences, how much they consume and why, what are their thoughts about quitting.

RESULTS

Of the 75 female workers (participants), 55 had participated in six FGD's and 20 in the IDI's. Each FGD comprised a group size of 8-10 participants and two members of the research team. Thematic analyses of FGD's and IDI's elicited key concepts. These discussions and interviews helped in assessing various factors in greater depth which influenced the consumption of SLT among women workers.

Beginning Use of SLT

Two prominent contributing factors emerged from the data for SLT uptake and use, namely, medicinal purpose, bonding at workplace, and being pocket friendly.

Medicinal Purpose

Of 75 participants, 48 (64%) of them reportedly said that getting relieved from toothache was the factor why they took up tobacco (Tambaku, Khaini, and Paan masala). They perceived that SLT improves digestion, acts as an anti-flatulent, and improves bowel movement. Despite disliking the pungent odor of these products, the participants were compelled to go for it. They added that the relief lasted for less than an hour and since it was a recurrent pain, they had to continuously chew khaini and tambaku over the aching portion

"I had regular gastric issues, 1 day my friend told me to chew a patch of khaini. The first experience was awful, felt like vomiting, and had a bad headache. After a few days I felt better, my bowel movements were better, I did not have any chest burns, no more bloating. So, every day after meals I started chewing khaini without any issues." (Respondent, IDI)

Bonding at Workplace and Being Pocket Friendly

About three-fourth (78%) of the participants had reported that it was socially more acceptable to consume SLT than smoking and drinking alcohol like their male counterparts. They felt that consuming SLT has become a part of the routine activities and there was no discouragement to use as it was never looked at as a taboo or social evil.

Participants stated that they continue to use SLT products for the main reason of easing them from stress and giving them pleasure. At work, when their fellow workers consume SLT products, they by default tend to consume these products to feel better and well accepted in the group.

"Pan, Supari are common things. I do not think they are harmful. Everybody eats it. My grandmother used to give me supari when I was small. Later, I started having it daily after eating. Then, I started with Pan masala. We are not rich people who have new clothes, use expensive phones. For us, a Rs 5 gutka packet gives us relief from daily work pressure and future worries." (Respondent FGD)

Knowledge about Adverse Effects of SLT Use

Majority of participants ($n = 64$) reported that they had never seen any danger signs about SLT use in newspapers, any banners, or posters. They never heard any such information about hazardous use of SLT on radios, while a few ($n = 11$) did say that they had seen some health promotion ads regarding quitting tobacco on television. They were unaware of the fact that chewing tobacco or its products could be harmful to the fetus of a pregnant or a lactating woman.

"We never saw any message on danger signs in public places or newspapers. We hear radios, but in that also we never heard anything dangerous about SLT use" (Respondent, FGD)

Easily Available and Accessible

Participants stated that SLT products were sold at the street-side by local vendors at a very nominal rate. Some of their friends and relatives were workers involved in processing tobacco products. They stated that tobacco was accessible to them whenever they needed them.

"We can buy SLT from nearby shops, or even our family members can purchase tobacco for us. The street side vendors sell SLT at very cheap rates. When we get our salaries, we buy them in bulk." (Respondents, FGD)

Thoughts about Quitting

Almost all participants were of the opinion that they never attempted to quit SLT because they felt that it would be impossible to do so since SLT had helped them continue their work.

"I spend my money to buy SLT products. Why should I stop? The possession of these products is very dear to me, it is the only thing that I can claim to be mine. Apart from this, my husband claims all things belonging to him." (Respondent, IDI)

"We worry that we will not be able to fall asleep, again develop gastric issues and would have problems with our bowel movement if we tried to quit. So we have never thought of quitting it." (Respondents, FGD)

Suggestions to Overcome the SLT Use

Most of the participants ($n = 62$) came up with wonderful suggestions, which displayed their enthusiasm to quit. They said that some health professionals from the government should organize health education and training sessions to inform us about various health problems and in this case hazards of SLT. They expect proper guidance on the treatment options and ways to quit. The participants confidently vouched that they will quit if they get the required support and motivation.

"Now after being informed we want to try quitting, but only if we get proper guidance. People like you should educate us, we are deprived." (Respondent, FGD)

"If the government authorities do something concrete to keep us informed and render support to help out problems we shall definitely try to quit the SLT use." (Respondent, IDI)

DISCUSSION

Worldwide, it has been reported that the use of tobacco and its forms is a global pandemic and also a leading cause of preventable

deaths.^[10] Construction industry in India has been making rapid progress. However, the health of migrant daily wage workers is almost neglected. This cadre reportedly has the highest substance abuse rates, due to their work patterns, lack of recreational activities, poor education, misconceptions, and taboos.^[11]

Our study suggested a few prominent contributing factors for uptake of SLT consumption; medicinal usage and bonding at workplace and being pocket friendly. Tobacco use is an important public health problem, especially in developing countries like India and workers in the construction industry have a much higher prevalence. Studies have suggested a common finding that low socioeconomic conditions and its associated stressors are significant factors for uptake of SLT.^[11,12]

In the discussions and interviews, almost all participants expressed a common view that in their culture itself they had seen consumption of tobacco as a common habit among elders. It was reported that most participants had credited their chewing status to friends who had given them assurance to be relieved from tensions, change in taste, and so on. Some did state that in childhood, out of curiosity or to please their friends and family members, they started consuming tobacco products. The findings of various studies were in congruence with us stating that curiosity and peer influence were the driving forces for adherence to SLT use.^[13,14]

Other reasons brought to light were that SLT had helped them to do strenuous activities, the use among peers at workplace enhanced the sense of companionship and aided in suppressing hunger. The participants revealed the fact that SLT products were easily accessible and available at their disposal. They could purchase these products from any shop around their workplaces.

Our findings were able to support a finding that the myths like pain relief, stress relieving were not only prevalent among our study participants (daily wage laborer) but also among participants residing in urban settlements.^[15,16] It was reported that SLT use was a much cheaper alternative and solution to their problems, this was similar to study done among teachers.^[17] Recommendations from participants and other studies were that health-care professionals need to conduct sessions on creating awareness and programs on quitting use of SLT to prevent construction workers, especially those young to abstain from the use of tobacco.^[18,19]

The strength of our study was that it was a purely community-based qualitative study. Our study adds to a very few community-based studies that have tried exploring ground realities on use of SLT among daily wage construction workers in India. These results would tend to go a long way in realizing the magnitude of the problem and creating awareness for taking interventional measures at the community level.

Limitations

Qualitative studies are always limited by their lack of generalizability of the data and by the potential for respondents to give answers they believe will please the interviewer.

The participants were volunteers that they may not be representative of the majority of vulnerable populations in the study area. Therefore, there is a potential self-selection bias.

CONCLUSION

In the present qualitative study done among daily wage construction workers, SLLT use was very common and the uptake

reasons cited were for medicinal purposes, bonding at workplace and being pocket friendly. The findings among these participants are similar to the pattern of uptake and consumption of SLT use in other communities also. This calls for an appropriate action to reduce or prevent SLT use among vulnerable populations with special focus on cessation by increasing awareness and improving educational level.

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