

ABSTRACT

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Background and Objectives:

The Tobacco and Areca nut habit has a major Social and Cultural role in communities throughout the Indian subcontinent, South-East Asia and Parts of the Western Pacific. Various customs, cultural pattern and life styles have lead to use of tobacco and arecanut in human beings. Various forms of tobacco and arecanut are available in every corner of the country. Such harmful habits have always caused precancerous and cancerous lesions in these human beings and hence the graph of occurrence of cancer is steadily increasing.

Percentage of users and frequency of use increases with age. Health is a consequence of an individual's lifestyle as well as a factor in determining it. Not all cultural practices are harmful. It has become a need to identify the cultural factors that are deleterious and beneficial. The roles of health and social professionals have to discourage the unhealthy practices through intensive education and promote the adoption of healthy practices. The social and health workers and school teachers can play a vital role in creating the awareness on the adverse effects of deleterious cultural practices among the general population and students.

The research study titled “social and cultural aspects of tobacco and arecanut use in gujarat : a sociological study ” was carried out to assess various tobacco and arecanut related habits and the social and cultural factors related to the habits of these substances in rural and urban population of Gujarat state.

The present cross-sectional study was undertaken in Gujarat state, India, to determine the prevalence of tobacco and arecanut use and its relation to the sociological factors- culture, custom, age at initiation of these habits and habit influencing determinants. In the present study, 250 subjects from various parts of Gujarat state, voluntarily participated. The area of study i.e state of Gujarat was equally divided into four regions. The numbers of participants in all these regions were more or less equal. The data was collected by conducting interviews and clinical examination. It was entered in the specially designed ‘Proforma’, and later on to an Microsoft 2007 excel sheet on the computer. The collected data was subjected to statistical analysis by the statistician.

Results, Interpretation and Conclusion:

It was observed from this study that, various tobacco and arecanut related habits were more prevalent in males. Habit of smoking bidi was very common among rural population when compared to cigarette smoking in urban population. Habit of chewing tobacco

quid and Ghutka was more common when compared to the other preparations. The critical age group for initiation of harmful habits was 15-29 years. The most common factor responsible for initiating the habit was Stress followed by Culture, Friends and Social status. To conclude from this study, use of arecanut and tobacco in various form does exist within our society and social and cultural factors do play an important role in initiating these habits.