Artificial Intelligence formulated this projection for compatibility purposes from the original article published at Global Journals. However, this technology is currently in beta. *Therefore, kindly ignore odd layouts, missed formulae, text, tables, or figures.*

1	Smokeless Tobacco use among Male and Female in Northeast
2	State, India
3	Kh. Jitenkumar Singh^1 and $\operatorname{Neeru} \operatorname{Singh}^2$
4	¹ National Institute of Medical Statistics
5	Received: 15 December 2015 Accepted: 31 December 2015 Published: 15 January 2016

7 Abstract

8 Smokeless tobacco has been found as harmful as smoke tobacco. Smokeless tobacco associated

• with the various oral diseases including mouth cancer and adverse reproductive outcome.

¹⁰ Objective of this study is to examine the prevalence of smokeless tobacco consumption in

¹¹ Northeast state, India and to study the socioeconomic, demographic correlates of tobacco use

in the form of smokeless tobacco only. We used the cross sectional survey DLHS-4 (2012-2013)
 data of northeast state, India. All men and women living in the study area, aged 15 years and

¹³ data of northeast state, India. All men and women living in the study area, aged 15 years and ¹⁴ above were included. Information on socio demographic characteristics and smokeless tobacco

¹⁴ above were included. Information on socio demographic characteristics and smokeless tobacce ¹⁵ consumption was administered. Smokeless tobacco consumption was categorized as ?Current

¹⁶ consumers? and ?non consumers?. Associations between smokeless tobacco consumption and

¹⁷ the explanatory variables were examine using bivariate and multivariate statistical technique.

¹⁸ 67,930 individual men and 75,799 individual women were the unit of analysis in the study.

¹⁹ The prevalence of ?Current consumption? among men 65

20

21 Index terms— cross sectional study, men, women, smokeless tobacco and Northeast state.

²² 1 I. Introduction and Review of Literatures

onsumption of tobacco kills approx six million people each year moreover, it is the measure threat of disease and
death [1,2]. Tobacco is the most important oral cavity and pharyngeal cancer risk factors. Approximately 90%
of people with mouth cancer are tobacco users. Some 7.5% of the world's (53.9 million) deaths were attributable
to tobacco use in 1998 and if same smoking patterns continue, that number will Author? ?: National Institute
of Medical Statistics, Indian Council of Medical Research, Medical Enclave, Ansari Nagar, New Delhi, India.
e-mails: jitensinghkh@gmail.com, neeru.singh.stats@gmail.com rise to 10 million deaths annually by 2030 [3].
Tobacco can be consumed both in smoke and smokeless form.

Smokeless tobacco is tobacco that is not burned; it is also known as chewing tobacco, oral tobacco, spit or 30 spitting tobacco, dip, chew, and snuff. Harmful health effects of smokeless tobacco include: mouth, tongue, 31 cheek, gum, and throat cancer. Smokeless tobacco also causes nicotine addiction. South Asian people consume 32 smokeless tobacco the most. More than one third of total tobacco consumption in this region is in the form 33 of smokeless tobacco [4][5][6]. Smokeless tobacco consumption in south Asia is a major public health threat, in 34 35 India (prevalence: 18.4%), Bangladesh (32.6%), Sri Lanka (6.9%) and Nepal (6%) by the estimation of WHO [7]. 36 India is the second most populous country and one of the world's largest producers and consumers of tobacco. 37 Here, tobacco is available in a variety of different types and brands e.g. bidi, gutkka, khaini, pan masala, hookah, cigarettes etc [3] and also the form of consumption varies from place to place like smoke cheroot in Odisha and 38 Andhra Pradesh, dry snuff in western part, while creamy snuff in northeast part of India. Mostly the tobacco is 39

40 consumed in smokeless form in northeast states. The prevalence of tobacco consumption in India, either smoked

41 or smokeless tobacco, in the population aged 15 year and above was 47 per cent among men and 14 per cent

among women while overall prevalence was 37 percent [8,9]. Consumption of smokeless tobacco products in India
is increasing rapidly [10,11], which is showing a negative effects for both male and female. As smokeless tobacco is

6 B) FACTORS ASSOCIATED WITH SMOKELESS TOBACCO CONSUMPTION

quite famous among women, affecting their oral morbidity and perinatal health, including premature delivery, low 44 birth weight and shortened length [12][13][14][15][16][17] In northeast states of the India, smokeless tobacco is a 45 part of the socio cultural [18]. They have different customs, food habits, life-style, diverse ethnic groups, type and 46 pattern of tobacco consumption as compared to the rest of the country. Research have shown that in northeast 47 states, betel quid (55.4%), is the most popular smokeless tobacco followed by tuibur (13.1%), gul (12.0%) and 48 khaini (9.1%), Gul and tubur are primarily used by women and recent study shows that the prevalence of 49 smokeless tobacco in northern, eastern and northeast states is 8.4%, 31.8% and 23.8% [18][19][20]. Betel quid is 50 a combination of betel leaf, areca nut, and slaked lime. Like other smokeless tobacco products, betel quid and 51 gutka are known to cause Esophageal cancer, Lip cancer, Mouth cancer, Pharynx cancer, Tongue cancer. The 52 most harmful cancercausing substances in smokeless tobacco are tobacco-specific nitrosamines (TSNAs). TSNA 53 levels vary by product, but the higher the level the greater the cancer risk. 54

Table 1 : Prevalence of smokeless tobacco use in northeast States India by sex

Table ?? shows the prevalence of smokeless tobacco, Meghalaya, Tripura and Mizoram was higher in women while in Arunachal Pradesh, Manipur, Nagaland and Sikkim males are consuming more smokeless tobacco in GATS (2009-2010), while in DLHS (2012-2013) Meghalaya, Manipur and Tripura have the highest prevalence of smokeless tobacco among both male and female in DLHS (2012-2013). Hence, the objective of this study is to examine the prevalence of smokeless tobacco consumption among male and female in northeast state, India and to study the socioeconomic demographic characteristics correlates with tobacco use in the form of smokeless tobacco only.

⁶⁴ 3 II. Data and Methods

characteristics (result not shown). For computation of age-adjusted prevalence rate, we use 2011 census data, 65 RGI, Govt. of India as the standard population structure. We computed the standard age proportion by dividing 66 the age-specific census population by the total census population number and standardizing proportion sum to 67 1. Then, age-adjusted factors for 6 (six) age grouping (10 year intervals each) were used for computation of 68 age-adjusted prevalence. Binary logistic regression was applied to measure the association and to check the 69 net effect of factors on the current consumers for males and females. Variance inflation factor (VIF) of all the 70 variables were computed to check collinearity prior to inclusion in multivariate logistic regression problem of 71 collinearity among independent variables not found (highest VIF, 2.36). The results of logistic regression, are 72 presented in the form of estimated odds-ratios with 95% CI. The whole analysis was performed using STATA 73 version 13.0 with survey commands and R software. Ethical statement: This study is based on data available in 74 public domain, therefore no ethical issue is involved. Data for this study was taken from the fourth round of the 75 76 District Level Household Survey (DLHS-4) conducted during 2012-13. DLHS-4 adopted a multistage stratified systematic sampling design. Detailed information about sampling employed in this survey can be obtained from 77 the DLHS-4 report. All seven states, namely, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, 78 Tripura and Sikkim separate CAB (Clinical Anthropometric and Biochemical) data files (excluding Assam) were 79 merged together for this study. The outcome variable included in the analysis is "personal habit of age 15 80 and above using smokeless tobacco". Where the response was further divided into two categories like "Current 81 Consumption" and "No Consumption" the household members was considered current consumers if they had 82 responded that they were consuming (smokeless tobacco) and they coded as 1, while the never consumers, ex-83 consumers and don't know (0.3%) are coded as 0. To measure level of prevalence and association of smokeless 84 tobacco with factors, this study used both bivariate and multivariate analyses. Chi-square test is used to check 85 the association of the current users with selected characteristics like age, literacy, occupation etc Table 2 presents 86 the unweighted count of sampled respondents and population estimates classified by selected socio demographic 87 and occupational background. The estimated population of person age 15 year and above in northeast state in 88 DLHS (2012-2013) was 143,729 where 67,930 were male and 75,799 were female respondent were taken as unit 89 of analysis. 90

⁹¹ 4 III. Results and Discussion

⁹² 5 a) Differentials in current smokeless tobacco consumption

(70.1%) having the highest adjusted prevalence than female (55.8%). We have also found that the wide variation
in adjusted and unadjusted age prevalence especially non working male and unmarried male, female. Among
states, Meghalaya have the highest prevalence followed by Mizoram.

⁹⁶ 6 b) Factors associated with smokeless tobacco consumption

Table 4 presents odds ratio among male and female after performing logistic regression models which examine the effect of individuals household and The prevalence of smokeless tobacco consumption among male and female

 $_{99}$ in our study is 69.6% and 50.8%. Present study reveals that education is significantly associated with smokeless

tobacco consumption. This is consistent with observations that those with lower level of education are more likely to consume smokeless tobacco [23,24]. In this study, the age wise prevalence of smokeless tobacco consumption is higher as the age advanced and the highest rate is found in the age group of 20-34 and 35-59 years and then declined after 60 years in both the sexes, similar finding was also reported [23,25]. Those who are married have a higher rate of smokeless tobacco consumption as compared to the unmarried respondents. This may be due to influences of the spouses consuming smokeless tobacco. Similar association between smokeless tobacco consumption and marital status was also reported [25].

¹⁰⁷ 7 IV. Conclusion

In northeast states, India smokeless tobacco consumption is strongly associated with the level of education, religion, caste, marital status, occupation and place of residence. A comprehensive ban on tobacco advertising, promotion and sponsorship needs to be implemented according to the standard outlined in 'Article 13' in the WHO Framework Convention on Tobacco Control. Display and visibility of smokeless tobacco products at points of sale constitutes advertising and promotion and should therefore be banned [22]. In addition to proper enforcement of the new law, there is a need for a nationwide campaign educating people in both rural and urban areas about the law and health risks of smokeless tobacco.

¹¹⁵ 8 V. Acknowledgments

The authors gratefully acknowledge members of the study field team including who were involved in mapping/listing and main survey team during data collection in northeast states. The authors also acknowledge all the respondent for their active participation in this study.



Figure 1: 5)Figure 1 . 1 :

118

 $^{^{1}}$ © 2016 Global Journals Inc. (US)



Figure 2: Figure 1.

	\mathbf{AR}	MN	MG	TR	\mathbf{NG}	SK	MZ
Smokeless tobacco, GATS(2009-2010)							
Male	44.9	52.1	20.7	39.4	53.1	27.6	32.6
Female	27.7	37.0	35.9	43.5	36.6	23.3	49.1
Smokeless tobacco, DLHS-4 (2012-2013)							
Male	56.8	65.6	86.7	66.6	64.2	39.3	79.3
Female	33.7	51.4	87.2	65.8	34.5	23.6	77.4
Source: GATS 2009-2010 and DLHS 2012-2013							
AR : Arunachal Pradesh, MN: Manipur, MG: Meghalaya, TR: Tripura, NG: Nagaland, SK: Sikkim, MZ:							
Mizoram							
D D D D) K							
(

Figure 3:

$\mathbf{2}$

Smokeless Tobacco use among Male and Female in Northeast State, India

community characteristics on current smokeless tobacco consumption in northeast states, India. The results show that age group, social group, sex and education are significantly associated with current smokeless tobacco consumptions in both sexes. In table 4 the male in age group (20-34 and 35-59) are 3 times more consuming smokeless tobacco than the males in age group (15-19). Non ST, non Christian and the males who are unmarried are consuming less smokeless tobacco than ST, Christian and married males.

Background	Male (n= $67,930$)		Female $(n=75,799)$		Total
characteristics	Percent	Sample size	Percent	Sample size	(N=143,729)
Age					
15-19	47.6	7,512	52.4	8,263	15,775
20-34	42.9	21,552	57.1	$28,\!628$	50,180
35-59	48.1	$28,\!578$	51.9	30,860	$59,\!438$
60+	56.1	10,288	43.9	8,048	18,336
Level of education					
Illiterate	35.0	$11,\!196$	65.0	20,753	$31,\!949$
Below Middle	46.8	16,066	53.2	18,229	$34,\!295$
Middle	50.2	$16,\!636$	49.8	$16,\!473$	$33,\!109$
Secondary	54.2	24,049	45.8	20,359	44,408
Religion					
Christian	47.1	39667	52.9	44520	84,187
Non Christian	47.5	28280	52.5	31294	59,574
Caste					
Scheduled tribe	47.2	51243	52.8	57390	108,633
Nonscheduled tribe	47.6	16704	52.4	18424	$35,\!128$
Occupation	69.5	$41,\!633$	30.5	18,302	59,935
Working					

Not working Mar-	31.4	26,314	$68.6 \ 48.6 \ 54.1 \ 53.6 \ 52.4$	$57,\!512$	$83,\!826$
ital status Unmar-	51.4	$18,\!634$		$17,\!653$	$36,\!287$
ried Married Place	45.9	49,311		$58,\!159$	$107,\!470$
of residence Urban	46.4	$16,\!832$		$19,\!442$	$36,\!274$
Rural States	47.6	$51,\!115$		56,372	$107,\!487$
Arunachal Pradesh	47.8	17643	$52.2 \ 53.9 \ 60.8 \ 51.2 \ 50.0 \ 51.7$	19272	$36,\!915$
Manipur Meghalaya	46.1	10678	53.2 52.8	12473	$23,\!151$
Mizoram Nagaland	39.2	5429		8407	$13,\!836$
Tripura Sikkim To-	48.8	11720		12309	$24,\!029$
tal	50.0	14456		14460	$28,\!916$
	48.3	3260		3486	6,746
	46.8	4761		5407	10,168
	47.2	$67,\!930$		75,799	143,729
Source: Based on aut	hors' computation.	\mathbf{G}			

8 V. ACKNOWLEDGMENTS

3

Background	Male $(n=67,930)$		Female $(n=75,799)$		
characteristics	Crude	Age adjusted	Crude	Age adjusted	
Level of education					
Illiterate	65.2(0.4)	66.7(1.0)	47.2(0.7)	46.9(0.8)	
Below Middle	68.1 (0.7)	66.9(0.7)	54.5(0.7)	52.7(0.7)	
Middle	65.4(0.7)	64.6 (0.7)	52.6(0.7)	51.9(0.7)	
Secondary	63.8 (0.7)	62.6(0.4)	49.7(0.7)	50.4(0.8)	
Religion					
Hindu	61.7 (0.7)	59.2(0.6)	48.6(0.9)	46.9(0.9)	
Christian	69.8 (0.6)	$70.1 \ (0.6)$	56.0(0.7)	55.8(0.7)	
Others	56.3(0.7)	54.7(0.7)	37.0(0.8)	36.2(0.9)	
Caste					
Scheduled tribe	66.9 (0.5)	66.4(0.5)	51.9(0.6)	51.3(0.6)	
Scheduled caste	62.8(1.6)	60.3(1.4)	48.7(1.9)	47.2(1.2)	
OBC	55.1 (1.2)	53.5(1.2)	42.4(1.1)	41.3(1.1)	
Others	63.1 (0.9)	60.7 (0.9)	49.7(1.1)	47.5(1.1)	
Occupation					
Working status	71.7 (0.4)	$71.3 \ (0.5)$	57.5 (0.7)	56.2(0.7)	
Not working	$55.7 \ (0.5)$	$61.2 \ (0.5)$	48.7 (0.6)	48.6(0.6)	
Marital status					
Unmarried	54.5 (0.6)	61.4(0.9)	43.0(0.7)	51.4(0.7)	
Married	69.6 (0.4)	$70.7 \ (0.5)$	$53.3\ (0.6)$	52.8(0.6)	
Place of residence					
Urban	65.7 (0.7)	$65.0 \ (0.7)$	53.9(1.3)	52.9(1.2)	
Rural	65.3 (0.5)	$64.1 \ (0.5)$	49.3 (0.5)	48.5(0.5)	
States					
Arunachal Pradesh	$57.0 \ (0.7)$	55.4(0.6)	33.8~(0.8)	33.4(0.7)	
Manipur	65.4(1.2)	64.1(1.2)	51.9(1.2)	50.5(1.1)	
Meghalaya	86.8(1.2)	86.9(1.2)	87.2(1.1)	86.3(1.1)	
Mizoram	79.4(0.6)	78.7 (0.6)	$77.4 \ (0.6)$	76.5~(0.6)	
Nagaland	64.3(1.1)	65.9(1.2)	34.5~(0.9)	36.1 (0.9)	
Tripura	66.6(1.8)	64.4 (1.			

Figure 5: Table 3 :

$\mathbf{4}$

Background	Male $(n=67,930)$			Female (n=75,799)		
characteristics	Odds Ra-	p value	Odds Ra-	р		
	tio	-	tio	value		
Age						
15-19 #	1		1			
20-34	3.18	0.00	2.56	0.00		
35-59	3.05	0.00	2.64	0.00		
60+	1.19	0.00	1.50	0.00		
Level of education						
Illiterate	1.24	0.00	0.97	0.56		
Below Middle	1.28	0.00	1.14	0.00		
Middle	1.16	0.00	1.15	0.00		
Secondary $\#$	1		1			
Religion						
Non Christian $\#$	1		1			
Christian	1.78	0.00	1.87	0.00		
Caste						
Non Scheduled tribe $\#$	1		1			
Scheduled tribe	0.92	0.08	0.81	0.00		
Occupation						
Working #	1		1			
Not working	2.45	0.00	2.3	0.00		
Marital status						
Unmarried $\#$	1		1			
Married	1.50	0.00	1.17	0.00		
Place of residence						
Rural $\#$	1		1			
Urban	1.07	0.103	1.20	0.00		
	C I					

Source: Based on authors' computation. # : reference category

Figure 6: Table 4 :

8 V. ACKNOWLEDGMENTS

- [Joshi et al. ()] 'A study on prevalence of chewing form of tobacco and existing quitting patterns in urban 119
- population in Jamnagar, Gujarat'. U Joshi , B Modi , S Yadav . Indian J Community Med 2010. 35 p. . 120
- [Cancer in north-east region in India (2004)] Cancer in north-east region in India, 2004-05. 121
- [Sankaranarayanan et al. ()] 'Cervical and oral cancer screening in India'. R Sankaranarayanan, K Dinshaw, B 122
- 123 M Nene, K Ramadas, P O Esmy, K Jayant . 17227640. J Med Screen 2006. 13 (1) p. . (Suppl)
- [Verma et al. ()] 'Effect of tobacco chewing by mothers on fetal outcome'. R C Verma , M Chansoriya , K K 124
- Kaul . 6862608. Indian Pediatr 1983. 1983. 20 p. . 125
- [Global Adult Tobacco Survey (GATS) ()] Global Adult Tobacco Survey (GATS), (Bangladesh) 2009. 126
- [Global Research Priorities for Tobacco Control, cohosted by Research for International Tobacco Control (RITC) and the World 127
- Global Research Priorities for Tobacco Control, cohosted by Research for International Tobacco Control 128
- (RITC) and the World Health Organization (WHO), March 1999. Washington, DC, USA. 129
- [Reddy and Gupta ()] 'Government of India; and Centers for Disease Control and Prevention'. K S Reddy , P C 130
- Gupta . Ministry of Health and Family Welfare, (U.S.A) 2004. (World Health Organisation) 131
- [Guidelines for implementation of Article 13 of the WHO Framework Convention on Tobacco Control (Tobacco advertising, prom 132 'Guidelines for implementation of Article 13 of the WHO Framework Convention on Tobacco Control 133
- (Tobacco advertising, promotion and sponsorship)'. World Health Organization 2008. 134
- [International Institute for Population Sciences (IIPS) and Macro International. National Family Health Survey (NFHS-3) ()] 135
- International Institute for Population Sciences (IIPS) and Macro International. National Family Health 136 Survey (NFHS-3), 2008. India; Maharashtra. Mumbai: IIPS. p. .
- 137
- [F. s Nu339 (ed.) ()] Leading cause of death, illness and impoverishment, F. s Nu339 (ed.) 2013. 138
- [Ministry of Health and Family Welfare (MoHFW), Government of India International Institute for Population Sciences (IIPS) () 139 'Ministry of Health and Family Welfare (MoHFW), Government of India'. International Institute for 140
- Population Sciences (IIPS), (Mumbai) 2010. GATS India. p. . (Global Adult Tobacco Survey India report) 141 (: International Institute for Population Sciences) 142
- [Sh (2014)] 'Prevalence and Correlates of Smokeless Tobacco Consumption among Married Women in Rural 143 Bangladesh'. Hossain Sh. PLOS one 2014. January 8, 2014. 144
- [Singh and Ladusingh (2014)] 'Prevalence and Determinants of Tobacco Use in India: Evidence from Recent 145 Global Adult Tobacco Survey Data'. A Singh, Ladusingh. PLOS ONE 2014. December 4, 2014. 146
- [Boffetta et al. ()] 'Smokeless tobacco and cancer'. P Boffetta, S Hecht, N Gray, P Gupta, K Straif. 147 10.1016/S1470-2045(08. 18598931. Lancet Oncol 2008. 9 p. . 148
- [Gupta and Subramoney ()] 'Smokeless tobacco use and risk of stillbirth: a cohort study in Mumbai'. P C Gupta 149 , S Subramoney . India. Epidemiology 2006. 17 p. . 150
- [Gupta and Sreevidya ()] 'Smokeless tobacco use, birth weight, and gestational age: population based, prospec-151 tive cohort study of 1217 women in Mumbai'. P Gupta, S Sreevidya. BMJ 2004. 328 p. 1538. 152
- [Gupta and Subramoney ()] 'Smokeless tobacco use, birth weight, and gestational age: population based, 153 prospective cohort study of 1217 women in Mumbai'. P C Gupta, S Subramoney. 15198947. BMJ 2004. 328 154 p. 1538. 155
- [Gupta and Subramoney ()] 'Smokeless tobacco use, birth weight, and gestational age: population based, 156 prospective cohort study of 1217 women in Mumbai'. P C Gupta, S Subramoney . 15198947. BMJ 2004. 157 2004. 328 p. 1538. 158
- [Gupta ()] 'Smoking, educational status and healthy equity in India'. R Gupta . Indian J Med Res 2006. 124 p. . 159
- [Krishnamurthy ()] 'Strength of association of increased placental weight and smokeless tobacco use in preg-160 nancy'. S Krishnamurthy . Indian J Pediatr 1991. 58 p. . 161
- [Manimunda (2012)] 'Tobacco use and nicotine dependency in a cross-sectional representative sample of 18,018 162 individuals in Andaman and Nicobar Islands'. S P Manimunda . http://www.biomedcentral.com/ 163
- 1471-2458/12/515.Accessed23 India. BMC Public Health 2012. 2012. January 2013. 12. 164
- [Rani et al. (2003)] 'Tobacco use in India: Prevalence and predictors of smoking and chewing in a national 165 cross sectional household survey'. M Rani, S Bonu, P Jha, S N Nguyen, L Jamjourm. http: 166 //www.tobaccocontrol.com/cgi/content/full/12/4/e4 TobControl 2003. 28 June, 2011. 12. 167
- [Fakhfakh et al. ()] 'Tobacco use in Tunisia: behavior and awareness'. R Fakhfakh , M Hsairi , M Maalej , N 168 Achour, T Nacef. Bull World Health Organ 2002. 80 p. . 169
- [Nair (2015)] 'Use of Smokeless Tobacco by Indian Women Aged 18-40 Years during Pregnancy and Reproductive 170 171 Years'. Saritha Nair . PLOS ONE 2015. March 18, 2015.
- [M. r. s. o. a. s. t. u. i. W. M States ()] 'WHO Report on the Global Tobacco Epidemic'. World Health Organi-172
- zation M. r. s. o. a. s. t. u. i. W. M States (ed.) 2013. 173