

# Women and tobacco usage in India

Sir,

Tobacco use is the leading preventable cause of death and disease worldwide. Use of tobacco products kills nearly six million people around the world each year. According to the World Health Organization estimates, globally, there were nearly 100 million premature deaths due to tobacco in the 20<sup>th</sup> century.<sup>[1,2]</sup> In the developing countries, there is an alarming growth in smoking prevalence among women. Although tobacco use among women is prevalent, it is often under-reported. Policymakers are increasingly concerned about how to tackle this issue. Without effective and sustained intervention, the prevalence of smoking among women is likely to rise to 20% by 2025.<sup>[1,3]</sup>

India's tobacco problem is complex in nature. Indians use a large variety of smoked as well as chewable tobacco products. However, usage of tobacco in any form is harmful. There is ample scientific evidence to prove that exposure to tobacco smoke causes death, disease, and disability. In fact, the cancers related to tobacco use hardly spare any organ in the human body. According to the International Agency for Research on Cancer monograph, there is sufficient evidence that tobacco smoking causes cancer of the lung, oral cavity, naso-, oro- and hypo-pharynx, nasal cavity and paranasal sinuses, larynx, esophagus, stomach, pancreas, liver, kidney (both body and pelvis), ureter, urinary bladder, uterine cervix, and the bone marrow (myeloid leukemia) in humans. Smokeless tobacco use was associated with cancers of the lip, oral cavity, pharynx, digestive, respiratory, and intrathoracic organs.<sup>[3,4]</sup>

In a study in Gandhinagar district, India, it was noted that the foremost causes of cancer in leading sites in males were tobacco-related, and the proportion of cancers associated with tobacco was 53%.<sup>[5]</sup> Smoking by women has an enormous impact not only on the health of the individuals themselves, but also on the family and the society as well. Women face additional health hazards such as adverse pregnancy outcomes, female-specific cancers such as cancer of breast, cervix, and higher cardiovascular risk as compared to their male counterparts. Therefore, an increasing prevalence of smoking among women is a matter of serious public health concern. India has one of the highest rates of oral cancer in the world, with over 50% attributable to smokeless tobacco use. A study by Goud *et al.* conducted in North India showed a significant association between chewing tobacco and oral cancer with a direct relation between quantity and duration of use.<sup>[1,6]</sup> In India, high

tobacco consumption is more prevalent among poor and less educated women.<sup>[5,7]</sup>

We had done a study on pectoralis major myocutaneous flaps (PMMF) reconstruction in 140 female oral cavity cancer patients, in a Tertiary Care Center in South India. These women presented with various oral cavity cancers such as carcinoma of the buccal mucosa, buccogingival sulcus, and in the retromolar area. Many of the women gave a history of habitual tobacco chewing. There were also a few patients who were only betel nut chewers, whereas some patients had a habit of chewing both tobacco and betel nut. In female oral cavity cancer patients who underwent PMMF reconstruction, only 29 patients out of total 140 (i.e., 20.7%) did not proffer a history of either tobacco or betel nut chewing.<sup>[8]</sup> However, none of the women in our study gave any history of tobacco smoking. Hence, there was a definite association between females with oral cancer and usage of tobacco.

There is a need for more awareness regarding the ill-effects of tobacco use. Some of the measures that could be implemented include public health awareness programs, raising a mass movement against tobacco use, and the sensitization and education of all healthcare professionals on tobacco cessation by incorporating the topic in the medical curriculum. It requires determination and dedication from all healthcare professionals to participate in the tobacco control and cessation programs, to have a significant impact. Immediate measures should be taken for easy and early detection of oral cancer by screening the population for the presence of these preventable cancers. It is necessary to design affordable, culturally acceptable, sustainable, and gender-sensitive individual and community-specific interventions. Since in India, the affected individuals belong to a less privileged section of the society such as low socio-economic and less educated group, the measures taken to control tobacco use should reach them in a language format that they are familiar with. It should be linked to other aspects of education and economic development.

## CONCLUSION

Massive, determined, sustained, combined, and coordinated efforts from government and nongovernment organizations with help from the community will definitely help to reduce the prevalence and ill-effects of tobacco use. Urgent steps need to be taken toward achieving a tobacco-free society in the near future.

**Acknowledgment**

The authors thank Professor V. Suresh for revising the manuscript.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

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**DOI:**

10.4103/2278-0513.173261

**Cite this article as:** Jena A, Patnayak R, Reddy GV, Manilal B. Women and tobacco usage in India. *Clin Cancer Investig J* 2016;5:95-6.