A Comparative Study Of Nutritional Status Of Tobacco Chewing Adult Male And Female Residing (with Special Reference to District Hanumangarh (Raj.) } 

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Abstract:

Tobacco consumption is the single most important avoidable risk factor in the growth of non communicable diseases all over the world (John RM, 2010). Tobacco use is world’s number one killer and it kills up to half of its regular users. About 22% of women in developed countries and 9 percent of women in developing countries smoke tobacco. In addition, many women in South Asia chew tobacco. Tobacco causes negative effects on a person’s health as soon as he/she starts using it in any form either regularly or occasionally. Tobacco kills both men and women but sex-specific differences exist.

70 percent of the females and 65 percent of the males belonging to the bellows poverty line range yearly income below 19,780. 80 percent males and percent females passed eig class. The results of anthropometric showed that the BMI 55 percent males and 65 percent females gad normal BMI where as 24 percent males and 12 percent females had over weight.

Introduction:

Tobacco is growing wide spread in people because tobacco use very commonly by the people. Some of the reasons for the increasing consumption of tobacco are the loose-laws related with the consumption of tobacco. The peer influence advertisements as well as psychophysicans reasons such as the desire to relieve, stress and due to friends and family and depression, and the establishment of addition also promote tobacco between people.

Tobacco use is socially accepted in many segments of Indian society. Tobacco use in India is increasing but there are considerable changes in the types and methods by which it is used. According to WHO estimates, 194 million men and 45 million women use tobacco in smoked or smokeless form in India. Only 20 percent of the tobacco consumed in India by weight is consumed as cigarettes, 40 percent consumed as bidi and the rest in smokeless forms. Information of prevalence of tobacco use is available from several studies, which shows a great deal of variation by area and gender.

“Currently tobacco kills four million people a year globally.” Research by Indian scientist suggests that long-term use of paan-masala, affirns of betel-quad, and may cause tumors in different parts of the body and not just the oral cavity as previously thought.

The dietary pattern of tobacco chewing is irregular. Their dietary intake of different nutrients is also different from non-tobacco-chewing. Mostly people attract towards the chewing tobacco and ignoring health hazards related to chewing tobacco.

Objectives:

The following objective has undertaken for the study,

1. To obtain general and specific information related to the selected subject.
2. To assess the health status of adult male and female tobacco chewers by anthropometry.

Methodology:

Total 160 adult male and female tobacco chewers were selected from Hanumangarh assess their nutritional Status.
An interview schedule for collect the data on general information and specific information, anthropometry, and dietary consumption about tobacco chewers.

Data Analysis:
Nutritional assessment of tobacco chewing adults male and female residing in. Hanumangarh. The chapter deals with the results and their interpretation in the light of objectives.

1. General Information
2. Anthropometric Indices

General Information about the Family and Subject:
- **Age:**
The mean ages of the females were 33 years and males were 30 years. About 10 percent females and 20 percent males were belonging to 25-30 years and 25 percent females and 15 percent males were between 30-35 years of age. However, 65 percent females and 30 percent males belonging to 35-40 years of age and only 35 percent males were between 20-25 years of age.

- **Caste:**
  Caste profile show that 35 percent of females and 45 percent males were belonging to General category while rest of 60 percent females and 25 percent males were SC category and 30 percent males and only 5 percent females were O.B.C.

- **Type of Family:**
  Type of family classified in terms of joint and nuclear revealed that maximum 75 percent females and 50 percent males were from nuclear families where rest only 25 percent females and 50 percent males were from joint family system.

- **Number of Family Members:**
  75 percent male and 75 percent females had small families size i.e., having 2-5 members in the family. While, 25 percent males and 25 percent females had 6-9 members in their family.

- **Socio-Economic status:**
  On The basis of government norms the families of the females and males belonging to below poverty line range i.e., Rs. 19,780 yearly and second above poverty line range i.e., Rs 19,780 yearly were distributed as 70 percent and 30 percent.

  There was significantly strong association between the type of tobacco habit and socio-economic status for both men and women. As the socio-economic status increased, they prevalence of smokeless tobacco use increased and of smoking decreased (prakash c. gupta, 2003).

- **Educational Level:**
  Among the study group 40 percent females and 80 percent males were middle school, 20 percent female could read and write only 40 percent females and 10 percent males were illiterate and 5 percent male is graduated and 5 percent males were high schooling.

  The children`s of addicted parents do less well on academic measures. They have higher rates of school obsenteeism and are more likely to leave school, be referred to the school psychologist than are children of non- addicted parents 51%of addicted parents reported that at least one of their children repeated a grade in school,19% were involved in truancy, and 30% had been suspended from school. Children`s of addicted, parents performed worse in all domains (Gabriell,W.F Larkby, C., 2001).
Anthropometric Indices:

The mean height of adult 20-25 yrs. Male tobacco chewers were 165.57 cm ± 5.64, which was 96.82 percent of the standard height (171 cm) of males as companied to the ICMR standards.25-30 yrs. And 30-35 yrs. Male tobacco chewers were 170.25 cm ± 5.93, 164.66 cm ± 5.53, which was 99.56 percent. In age group 35-40 yrs mean height 168.66 cm ± 3.72, which was 98.63 percent of the standard height.

Out of total 80 females, 8 females in age group 25-30 yrs their mean height 158.5 cm ± 3.5, which was 92.99 percent of standard height and 30-35 yrs female height 160 cm ± 3.68, which was 93.36 percent of standard height. In age group 35-40 yrs mean height 162.76 cm ± 5.48, which was 95.18 percent of the standard height. (Table-1)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Values of study subject</td>
<td>S.D.</td>
<td>‘Z’</td>
</tr>
<tr>
<td>20-25 yrs</td>
<td>165.57</td>
<td>±5.64</td>
</tr>
<tr>
<td>25-30 yrs</td>
<td>170.25</td>
<td>±5.93</td>
</tr>
<tr>
<td>30-35 yrs</td>
<td>164.66</td>
<td>±5.53</td>
</tr>
<tr>
<td>30-40 yrs</td>
<td>168.66</td>
<td>±5.72</td>
</tr>
</tbody>
</table>

The mean weight of adult 20-25 yrs. Male tobacco chewers were 62.71Kgs ± 11.48, which was 104 percent of the standard weight. In age group 30-35 yrs. Male and female tobacco chewers mean weight were 54.66Kgs ± 3.77, 51 Kgs ± 4.64, which was 91.1 percent and 102 percent of the standard weight. 117 percent of standard weight of 35-40 yrs female and this group male mean height 59 Kgs ± 11.78, 58.33 Kgs ± 11.80 in age group of 25-30yrs male and female mean weight 70 Kgs ± 3.53, 52.5 Kgs ± 7.5, which was 99.56 percent and 92.39 percent of standard weight (Table-2).

Rajkumar, et al. (2003) estimated the influence of paan, body mass index, diet, infections and sexual practices on oral cancer. BMI was inversely associated, and paan chewers with low BMI had a very high risk of developing oral cancer. Frequent consumption of fish, eggs, a variety of raw and cooked vegetables and fruits was associated with a decreased risk of oral cancer.

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<td>±3.53</td>
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<td>30-35 yrs</td>
<td>54.66</td>
<td>±5.53</td>
</tr>
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<td>59.00</td>
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</table>

The BMI of the indicate that 55 percent male and 65 percent female has in normal BMI where as 30 percent male and 15 percent female had overweight. Whereas 10 percent male and 20 percent female showed that they were mild underweight category, while 5 percent subjects had moderate weight (Fig.-1).
**TABLE-3 BMI of Tobacco Chewers:**

<table>
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<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean Values of study subject</td>
<td>S.D.</td>
</tr>
<tr>
<td>20-25 yrs</td>
<td>22.79</td>
<td>±3.36</td>
</tr>
<tr>
<td>25-30 yrs</td>
<td>24.02</td>
<td>±.858</td>
</tr>
<tr>
<td>30-35 yrs</td>
<td>20.16</td>
<td>±.051</td>
</tr>
<tr>
<td>30-40 yrs</td>
<td>39.83</td>
<td>±1.07</td>
</tr>
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</table>

**Conclusion**

Tobacco chewing products can be just as addictive because of the presence of nicotine and are similarly associated with many dangerous health effects.

The results revealed that 60 percent females and 25 percent males were schedule caste. 75 percent females and 50 percent males were belonging to nuclear family systems with small family size having 2-5 members in the family. 70 percent of the females and 65 percent of the males belonging to the bellows poverty line range yearly income below 19,780, 80 percent males and 40 percent females passed eighth class.

The results of anthropometric showed that the mean height of the males and females were 167.28 cm, 160.20 cm where as the mean weight was slightly 61.59 kg of males and 53.94 kg of females. According to BHI 55 percent males and 65 percent females gad normal BMI where as 24 percent males and 12 percent females had over weight.

**Reference**