INTRODUCTION

Tobacco has been identified as a major avoidable cause of illness and premature death. Given the current patterns of consumption, it is estimated that tobacco will kill 80 million Indian males currently aged 0–34 years (1). Apart from mortality, tobacco also accounts for a large portion of the burden of diseases of adults, which deeply affect families living in poverty.

CURRENT TOBACCO-USE IN INDIA

In India, more than 57% of men and 11% of women use one or more forms of tobacco (2). The use of tobacco is more prevalent among both men and women in rural areas than in urban areas. In India, the use of tobacco shows a clear and continual increase with decreasing wealth quintiles among both men and women (2). Seven in 10 men in the lowest wealth quintile consume tobacco products while four in 10 men in the highest wealth quintile do so. Twenty-two percent of women in the lowest wealth quintile consume tobacco. There is an equally clear and continual increase in tobacco-use with decreasing levels of education (2). Women and men from the scheduled castes and scheduled tribes (the poorest among poor in India) are more likely to use tobacco than those from other castes or tribes (2).

Tobacco compounds the problem of poverty and ill-health

Anything that increases the likelihood that poor people will fall sick or be injured is especially problematic in low-income countries where healthcare, if accessible, is often very expensive, requiring significant private, under-the-table, and other payments. Poor smokers, who are at a greater risk of illness, are, therefore, also at a greater risk of not being treated or of falling into greater poverty if they seek treatment. Poor people spend money on tobacco that could be spent on food, shelter, education, and healthcare. These decisions can entrench families in an ongoing cycle of poverty and ill-health. The direct and indirect costs of tobacco-use are immense for national economy. This has positioned control of tobacco relevant in India's per suite to achieve the goals of poverty eradication and health for all.

Key words: Health; Poverty; Tobacco-use; India
Women in many developing countries are being encouraged to take up smoking as a sign of increased equality. Women who use tobacco, in addition to sharing the same health risks as men, also experience difficulty in becoming pregnant, at an increased risk of pregnancy-related complications, premature birth, low-birthweight infants, stillbirths, and infant death. Tobacco also contributes to child morbidity through exposure to second-hand smoking. Second-hand smoking has been associated with infections in the lower respiratory tract, sudden infant death syndrome, and asthma in children (6). Research has shown that smoking of cigarettes may impact negatively on breastfeeding. Breastfeeding is nearly universal in India, and children, in particular among the poor, are nutritionally dependent on breastmilk. Volume of milk production is reduced among smoking mothers, and their milk contains less fat than the milk produced by non-smoking mothers (7). This reduction in the quality and quantity of breastmilk places them at a risk of malnutrition and infectious illnesses (8). The use of tobacco by pregnant and breastfeeding women in India is about equal to the use of tobacco by women who are neither pregnant nor breastfeeding, indicating that women who use tobacco may be unaware of the negative reproductive consequences of tobacco-use (2).
are more likely to make appropriate decisions with respect to the health of their children (2). Education is also essential to enable individuals to lift themselves out of poverty. Figures for poor households that contain tobacco-users often show expenditure on tobacco at around 10% of all household expenditure. These decisions can entrench families in an ongoing cycle of poverty, as the very investments necessary to lift family members out of poverty are foregone in favour of an addictive drug.

REFERENCES


