

Original Article

BIDI SMOKING IS INJURIOUS TO HEALTH A PROSPECTIVE STUDY

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Objective: To assess the extent of bidi smoking injurious effects in patients attending the department of community dentistry at the Institute of Dentistry LUMHS, Jamshoro, Civil Hospital Hyderabad jointly with department of NeuroSurgery in SIMS/Services Hospital Lahore.

Methods: The study was mainly carried out in dept of community dentistry civil hospital Hyderabad and SIMS/Services Hospital Lahore. The side effects of bidi smoking were recorded in both urban and rural population using data analysis and Non probability convenience for analysis.

Results: A total 300 patients age 25 to 50 years include urban and rural population visited in civil hospital Hyderabad were surveyed out of 300 patients male were 72.3% and female was 27.3% Graph 1 show percentage of gender distribution. Injurious effects of bidi smoking like oral cancers, lung cancers, brain cancers, myocardial infarction, atherosclerosis, COPD and Cardiac failure were most commonly seen in bidi consumers as compare to non-consumers.

Conclusion: Bidi smoking is mostly used in people in rural population and males are seen more widely a consumers of bidi smoking as proved by this study so, why it is known as poor man cigarette. Health education programs on smoking cessation should be arrange in this area, use of tobacco products in indoor location should be properly banned. It can be concluded that bidi smoking is cause of oral cancer, and bronchogenic carcinoma etc. Bidi smoking is mostly used in people rural population and males are seen more widely a consumer of bidi smoking as proved by this study. High taxes on tobacco products should be implanted. Television media and radio stations can also participate to stop advertising tobacco products.

Keywords: injurious effects bidi smoking civil hospital hyderabad and services ospital lahore

Introduction

Bidi's are small unfiltered cigarettes hand rolled in tambourine leaf it contains raw, dried and crushed tobacco flakes, white paper, nicotine and tar content and tied with thread.¹ In Bangladesh country it is also called beeris, tobacco use in bidi is called bidi tobacco.² Bidi tobacco smoking is globally largest preventable causes of premature death, in Indian adults progressively increased consumption of bidi smoking has been observed. In 2010 India is highest in ranking of bidi smoking second is in China. India export bidis to around 30 countries and it accounts for about 10% of total tobacco export.³ from the last eight years bidi export have doubled and cause of cancer. The largest production and consumption of tobacco is in India and it has increased its tobacco consumption in past two decades.⁴

Bidi smoking is not only used by middle aged, elderly people but youth of the country is also involved in bidi smoking. Bidi export in U.S.A is flavored as on demand of youth.⁵ 1 million deaths occur due to bidi smoking in 2010 seen and it affect

70% to the age group of 30-69 years over 10% death occur in india and ⁶increase prevalence of bidi consumption seen in many countries such as Asia, USA, France, Canada and Australia.⁷ Bidi's are known as poor men's cigarette because they are smaller and cheaper than cigarette. It is the cheapest tobacco product in the world and cause cancer.⁸ Objective of this study was to assess the extent of bidi smoking in patients attending civil hospital Hyderabad.

Methods

The study performed was prospective study carried out at Department of community dentistry Civil Hospital Hyderabad and SIMS/Services Hospital Lahore. A total of three hundred patients meeting inclusion and exclusion criteria were enrolled in study from January 201 to April 2017 after taking informed consent. Questionnaire were made and converted it into local languages and all the information regarding the variables of study were collected.

Questionnaire included patient's age, gender, urban or rural population and are they bidi smoking? Were

Collected.

Data obtained was analysed using SPSS 17.0. All the data like age, Gender and no of bidi smoking per day was presented in the form of frequencies and percentages. The p-value <0.5 was considered significant.

Results

A total 300 patients age 25 to 50 years include urban and ruler population visited in civil hospital Hyderabad were surveyed out of 300 patients male were (n= 196) 65.7% and female were (n=103) 34% Graph 1 show percentage of gender distribution.

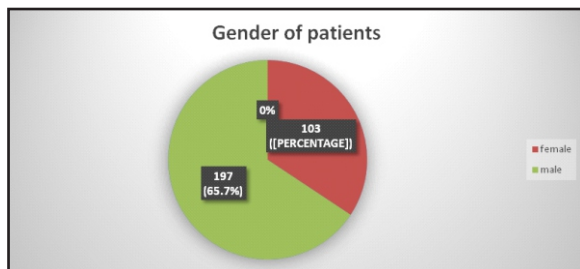


Fig-1: Mean 1.5067± SD .50079.

Graph 2 shows age of patient, age divided in three groups, group 1 was 25-32 years group 2 was 33-40 years and group 3 was 41-50 years. Group 1 patients was 172(57.3%) group 2 patients was 97(32.3%) and group 3 patients 31(10.3%) visited in hospitals.

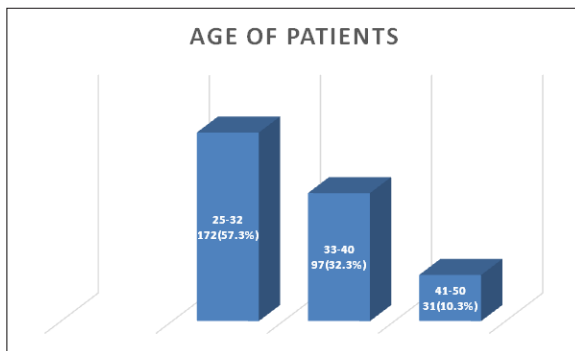


Fig-2: Mean 1.5300± SD .67623.

There were bidi consumption was more in male (72.3%) than females (27.3%) mean value was 1.2733 and std. deviation was .44642. **Graph-3** shows frequency of bidi consumption. 11(3.70%) people consume bidi once a day, 143(47.70%) people consume bidi twice a day 146(48.70%) consume bidi thrice a day. In age group 25-32 years total 172 people visited in civil hospital in which 58 people was urban and 114 was ruler population in

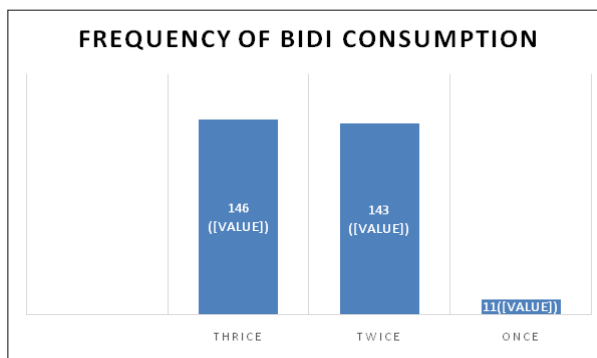


Fig-2: Frequency of bidi consumption.

Table-1: shows that urban populations who visited in surgery department of civil hospital Hyderabad was 103 (34%) and ruler population was 197 (65.7%).

21-27 year of age group in which total 97 people 31 was urban and 66 was ruler population, in 41-50 year of age group total 31 people 14 was urban and 17 was

Table-1: Stage-wise Sensitivity of lymphnodes on CT.

Population	No	Percentage %
Urban	103	34%
Ruler	197	65.7%

Table-2: Relation with age of patient with population.

Age Group	Population of patient			P-value
	Urban	Rural	Total	
25-32	58	114	1172	
21-27	31	66	97	.390
41-50	14	17	31	
Total	103	197	300	

Table-3: Relation with gender of patient with population.

Gender of Patient	Population of patient			P-value
	Urban	Rural	Total	
Female	60	88	148	
Male	43	109	152	0.17
Total	103	197	300	

Table-4: Relation with frequency of bidi consumption with population.

Frequency of bidi Consumption	Population of patient			P-value
	Urban	Rural	Total	
Once	03	08	11	
Twice	52	91	143	.725
Thrice	48	98	146	
Total	103	197	300	

Urban and 17 was ruler population and p value .390 as shown in **(Table-2)**. in gender of patients total 148 female out of which 60 was urban and 88 was ruler population and male was 152 total 43 was urban and 109 was ruler population and p value 0.17 as shown in **(Table-3)**. In which total 11 people who consume bidi once a day in which 3 was urban and 8 was ruler people and those consume bidi twice a day 143 total out of which 52 was urban and 91 was ruler and those consume bidi thrice a day was 48 was urban and 98 was ruler people and p value was .725.

Discussion

Bidi smoking originated from south Asian countries but currently practiced all over world and it is most popular. Bidi smoking is more harmful smoking because it contains unfiltered tobacco and has high incidence of different diseases like lung cancer, oral cancer, and Myocardial infarction.

In the study total sample was 300 patients, and sample divided into 3 groups. Group I, 25-32 years group II consist of 33-40 years group III 41-50 years of age. This was observed through data analysis that in group 1 age (57.3%) patient visited in hospital group II (32.3%) and in group III (10.3%) patient came similar study done in India R.Parsad et al⁹ bidi consumption was more in group 1 age it could be due to young generation

want be relax..

In my study patients who visited civil hospital, male were 65.7% and female were 34%. My study revealed that 65.7% bidi smokers were from rural areas where as remaining 34% were from urban areas. The finding of my study is in agreement with the finding of study done in mumbai¹⁰ more male consumed bidi it could be due to the majority of patients who visited in civil hospital belong to rural population and they are not aware of the side effects of bidi.

Conclusion

It can be concluded that bidi smoking is cause of oral cancer, and bronchogenic carcinoma, myocardial infarction, brain cancer, tongue cancer etc. Bidi smoking is mostly used in people ruler population and males are seen more widely a consumer of bidi smoking as this study proves that, . Health education programs on smoking cessation should be arranged in this area, use of tobacco products in indoor locations should be properly banned. High taxes on tobacco products should be implanted. Television media and radio stations can also participate to stop advertising tobacco products.

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