# Smokeless tobacco - Jharkhand

- Although, there is significant decline in SLT use in the state compared to GATS-1, the prevalence is still very high and about 14% greater than the national prevalence of 21.4%.
- ➤ In absolute terms, more than 85 lakhs adults in the state use SLT products, this is nearly six times the population of the city of Ranchi.
- ➤ The greatest decline in SLT use has been in oral tobacco and other SLT products and on the contrary there is a 4% increase in the use of *khaini* in the state.

## Table 1. Smokeless tobacco prevalence in Jharkhand

<b>Tobacco and Areca Nut use</b>	GATS-1	GATS-2
Current SLT use	47.9	35.4
Betel quid with tobacco	5.2	4.9
Khaini/tobacco lime mixture	32.6	36.6
Gutkha, tobacco lime, areca-nut mixture	9.7	8.3
Oral tobacco (as snuff, mishri, gul, gudakhu)	7.9	4.5
Paan masala with tobacco	-	1.1
Snuff	-	0.0
Other SLT	10.4	1.7
Paan masala without tobacco	Non-Tobacco Products	7.4
Betel quid without tobacco,		1.2
Areca nut		2.0

## SLT use and patterns across gender

- ➤ Most of Jharkhand adults have stopped using khaini (~6%) while there is slight decrease in betel quid with tobacco and other SLT products.
- Number of females using snuff reversed from higher in 2005-06 to lower in 2016-17 in comparison to men.
- ➤ Overall reduction in SLT use has been higher among men 3.8% while among females it was only 1% from GATS-1 to GATS-2.



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#### **Access to minors:**

Though age of initiation has increased slightly in the state (from 17.5 years to 19.6 years), yet 23.7% SLT users start it before the age of 18 years and 50% had started using before the age of 20 years.

### **Cessation without any assistance:**

- Adults who quit in last 1 to four 4 years has decreased from 29.3 to 18.7% in GATS-2.
- There is lack of interest in quitting, the number of users who made quit attempts in past 12 months has decreased to 10%.
- ➤ More than 76% users were not asked by health care professionals (HCP) if they used smokeless Tobacco and more than 80% SLT users were not advised to quit by the HCP.
- ▶ Pharmacotherapy (0.8%), counseling (6.6%) and other measures (9.9%) have little role in people quitting SLT use in the state and three-fourth of the users responded that they preferred tobacco cessation without any assistance.

## **Economic Aspect**

- ➤ Majority of purchase is from Stores and Kiosks. SLT buyers have shifted from kiosk to stores for their purchase and there the numbers of people buying SLT products from street vendors have also nearly doubled (from 5.9% to 10.2%).
- ➤ The average expenditure for the last purchase has increased more than twelve-fold, from ₹6.5/- in 2009-10 to ₹84.9/- in 2016-17. This is 4<sup>th</sup> highest spending in any states and UTs in India. It is nine times what an SLT user in Bihar spends and nearly twice the national average. This is 1.4% of the state GSDP if we consider the last purchase to be weekly and 9.5% if we consider it daily.

### **Advertising**

- ➤ There is a significant decline (from 89.5% to 16.4%) in the number of adults who noticed any type of advertisement or promotion of SLT at any place.
- ➤ However, the number of adults who noticed anti-tobacco advertisements has also decreased drastically from 87% to 54% during this period.
- ➤ The number of users who thought about quitting because of the pack warnings also decreased more than 10% in the state the decline was more than 17% among females.

#### **Knowledge, Attitudes & Perception**

Non-users are slightly more aware than users on the ill effects of SLT use, especially about the fetal harm (75.8% v. 59.6%).