PHOTOESSAY

Tobacco chewing in India

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In India, tobacco is used in a variety of forms such as smoking, chewing, local applications, drinking and gargling, leading to detrimental health effects such as increased incidence of and mortality from cardiovascular diseases, cerebrovascular diseases, respiratory diseases and cancer, in addition to detrimental reproductive outcomes, dental and oral diseases. Tobacco use, in any form, is more popular in lower socio-economic groups. Betel-quid chewing—a mixture of areca nut, slaked lime, catechu, other spices and condiments rapped in a betel leaf—is a popular, socially accepted, ancient custom and the introduction of tobacco reinforced this practice (Photos 1 and 2). Chewing products are kept all day and sometimes even all night in the buccal sulcus or pouch; usually in the anterior part of the mouth in populations from North India, and in the posterior part among South Indians, colouring the mouth in red (Photo 3). The introduction of commercial pan masala—dehydrated and non-perishable powdered areca nut,

Photo 1  Salesman of betel leaves at the local market

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slaked lime, catechu, cardamom and other flavouring and perfuming agents with or without tobacco available in attractive sachets or tins—has enhanced the sale and use of smokeless tobacco (Photo 4). Cigarette smoking has always been taboo in India and the emergence of cheap and convenient to carry and use preparations of smokeless tobacco, with a longer shelf-life and promoted with aggressive marketing, has lead to a sudden dramatic increase in the habit of chewing tobacco, even among women and children. The carcinogenic effect of betel-quad and pan masala has lead to one of the highest incidence and mortality...
rates of oral cancer with 83,000 incidence cases and 46,000 deaths annually in India.\textsuperscript{1}

In 1995, a community-based randomized oral cancer screening study to evaluate the efficacy of oral visual inspection in reducing the deaths from oral cancer was implemented in the Trivandrum district, South India.\textsuperscript{2,3} Enumeration of households, interview (Photo 5) and oral cancer screening (Photo 6) were carried out through home visits. Incident oral cancers and vital status information were collected through active home visits and through record linkage with the population-based cancer registry or from the government records for death information. Given the fact that tobacco is a major cause of adult morbidity and mortality in India, the battle for tobacco control needs to be continued more strongly through enactment and implementation of legislation and effective community campaigns against tobacco (Photo 7).

Note: The people pictured in this essay gave their consent for their images to be used in the presentation and publication of this research.

Photo 4 Pan masala shop

Photo 5 Interview by the health worker
Photo 6 Oral cavity screening on pan masala shop-keeper

Photo 7 Advertisement of bidi, the local cigarettes

References

