

Tobacco Use Dynamics & Prospects of THR in LGBTQ Peers

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Description

This session describes
RESEARCH STUDY
FINDINGS among
Transgender peers.

Quantitative study
Qualitative Study

DATA STORY :Global Adult Tobacco Survey

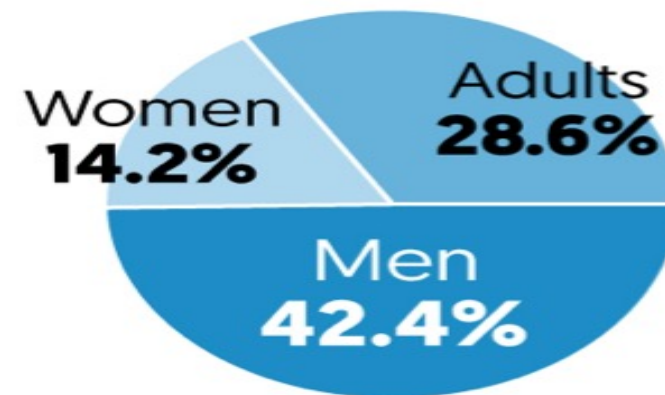
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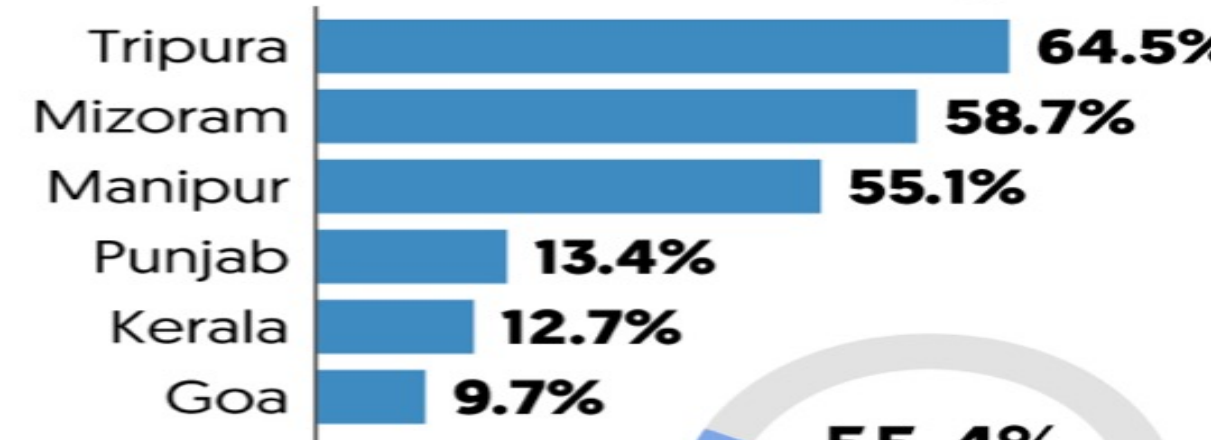
Global Adult Tobacco Survey

GS SCORE
Datastory

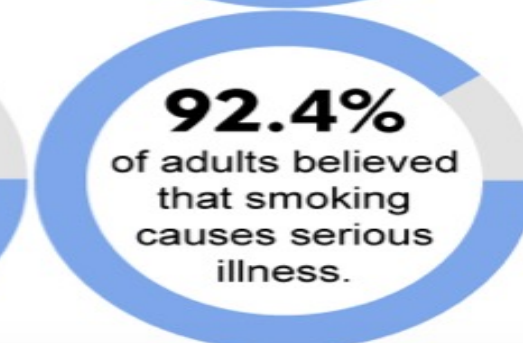
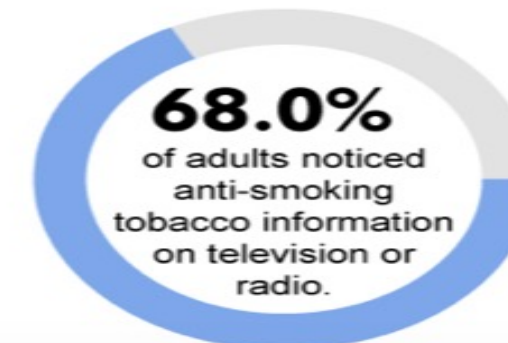
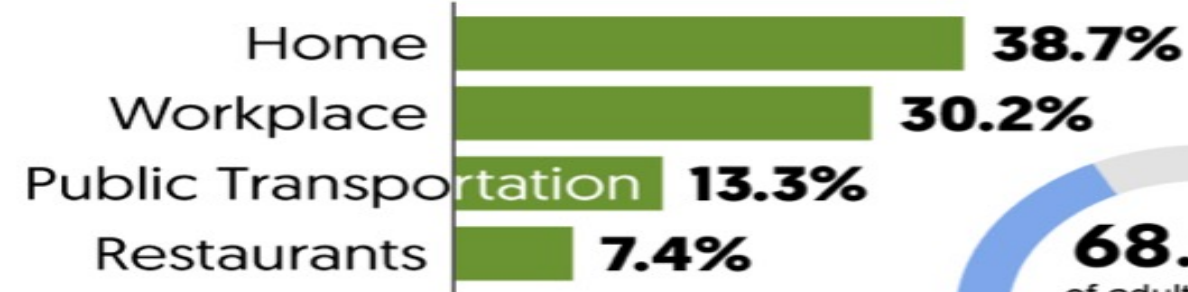
Tobacco users in India:



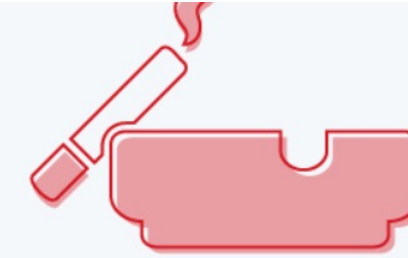
State-wise prevalence of current tobacco use among adults:



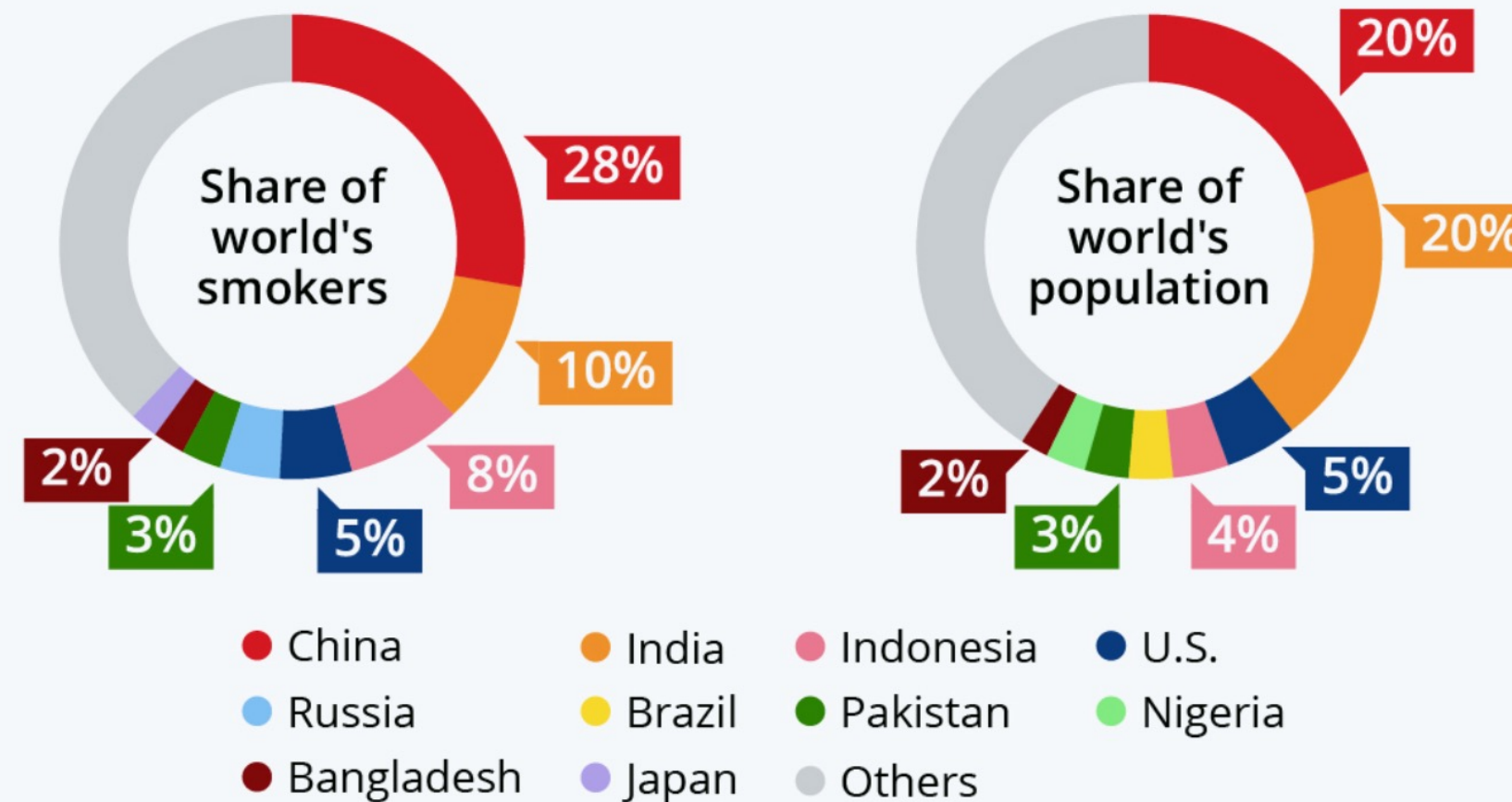
Adults exposed to 2nd-hand smoke:



Asia, the Globe's Smoking Stronghold



Countries with the biggest share of the world's smokers and the world's population in 2020*



* Out of the 127 countries where data on smokers exists, representing 92% of the world's population

Sources: Statista Country Outlook, IMF



More lesbian/gay/bisexual individuals use tobacco



19%

heterosexual adults
use tobacco



25%

Lesbian/gay/bisexual
individuals use tobacco



2x

LGBT youth are **twice as likely to smoke**
a cigarette **before age 13** compared to
their straight/cis-gen counterparts.

Over

40%



of LGBT young adults are **occasional cigarette smokers**.



5x

LGBT individuals are **5 times less likely** than
others to call a smoking cessation quitline.

20%

Gay, bisexual, and transgender men are
20% less likely than straight men to be
aware of smoking quitlines.

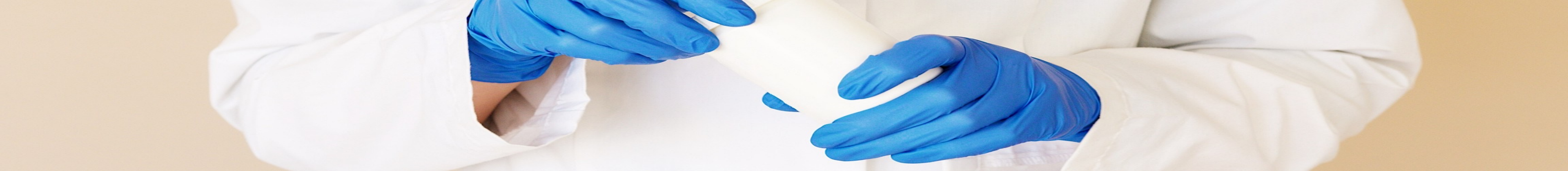


1. Transgenders at-risk for increased tobacco use as a coping mechanism to **manage minority stress** *
2. Tamil Nadu-higher prevalence of **current tobacco use** in transgenders relative to the general population with high rates of nicotine dependence.*
3. Current cigarette smoking among transgender women in a study conducted in Chennai was 16.7%.[8]

Tobacco Use in Trans Genders

1. Prevalence of **Current smokeless tobacco use** remains very limited in LGBTQ in South India.
2. Quantitative, cross-sectional studies including small sample size (100-120).
3. **Objective: to estimate the prevalence and describe the pattern of tobacco use and identify the associated sociodemographic factors.**





Methodology

- **Study design: Cross-Sectional**
- **Study Period: April-September 2021**
- ***Sample Size: 944**
- **Transgenders: 734**
- **Sampling: Non-probability, through CBO's**
- **Study Area: Chennai, Tamil Nadu, India**
- **Study Tool: Piloted, semi-structured interview questionnaire**
- **Ethics Approval: Obtained**
- **Informed Consent: Obtained**
- **Data Analysis: SPSS 23.0**



944

- Gay 78 (8.3%)
- Bisexual 13 (1.4%)

Transgender-
734

- Male to Female
- Female to male*

RESULTS

SOCIO-DEMOGRAPHICS

Table 1: Distribution of study participants according to sociodemographic characteristics (n=734)

Variable	Frequency	Percentage			
Age group					
20 and below	48	6.5			
21-30	296	40.3			
31-40	228	31.1			
41-50	125	17.0			
51-60	29	4.0			
61 and above	8	1.1			
Residence					
Rural	579	78.9			
Urban	101	13.8			
No response	54	7.4			
Current gender identity					
Transfemale	726	98.9			
Transmale	8	1.1			
Education					
Illiterate	3	0.4			
Primary	93	12.7			
Middle	27	3.7			
Secondary	178	24.3			
HSC	217	29.6			
Graduate/diploma	163	22.2			
PG/professional	24	3.3			
No response	29	4.0			
			Socioeconomic class*		
			I (upper class)	595	81.1
			II (upper middle class)	76	10.4
			III (middle class)	4	0.5
			IV (lower middle class)	0	0
			V (lower class)	59	8.0
			Marital status		
			Unmarried	586	79.8
			Married	10	1.4
			Separated	93	12.7
			No response	45	6.1

*Modified BG Prasad Classification 2021.^[11]

The mean age of study participants was 33.5 ± 10.9 years.



28.10.2022

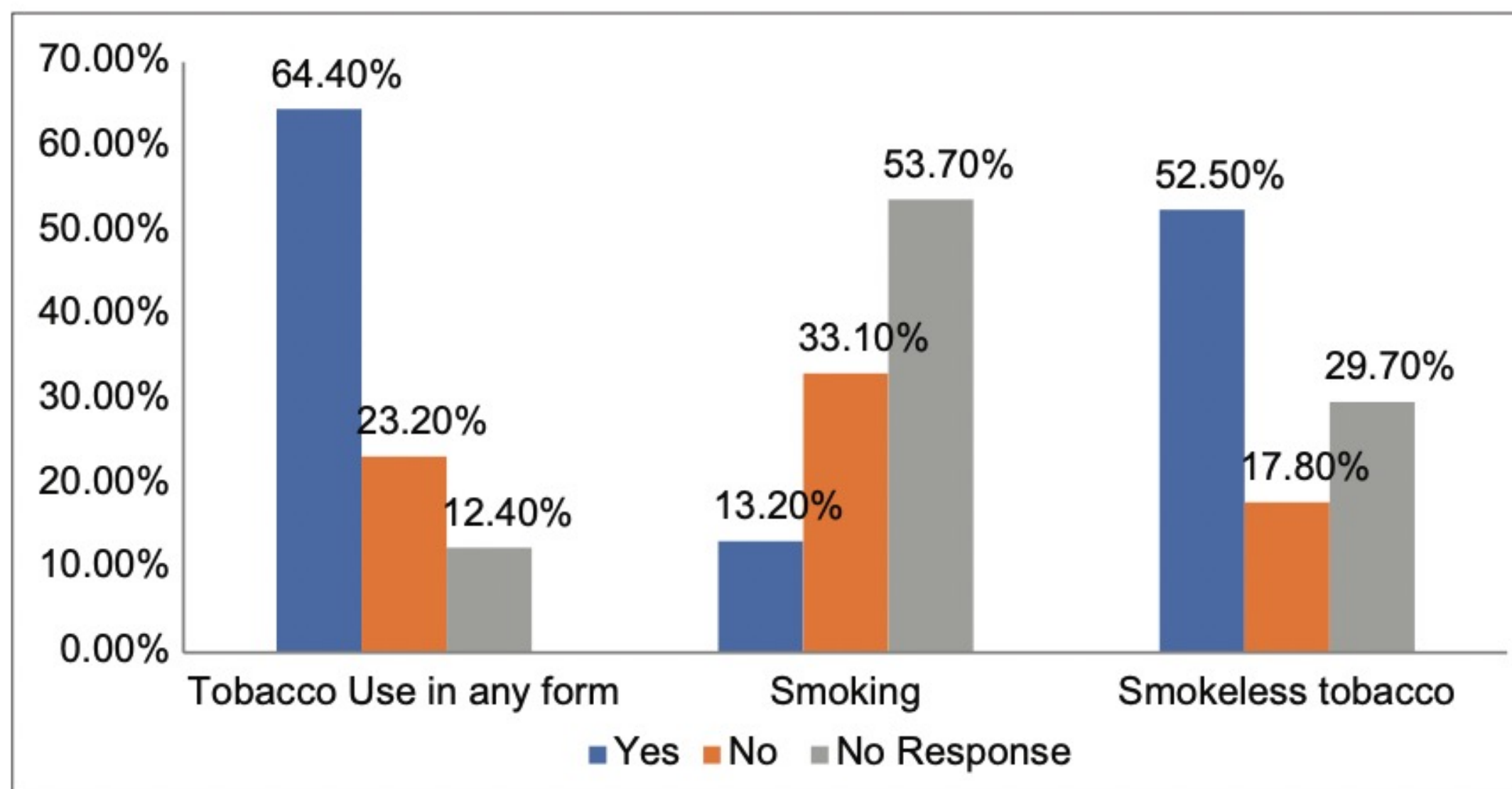


Figure 2: Tobacco use among study participants

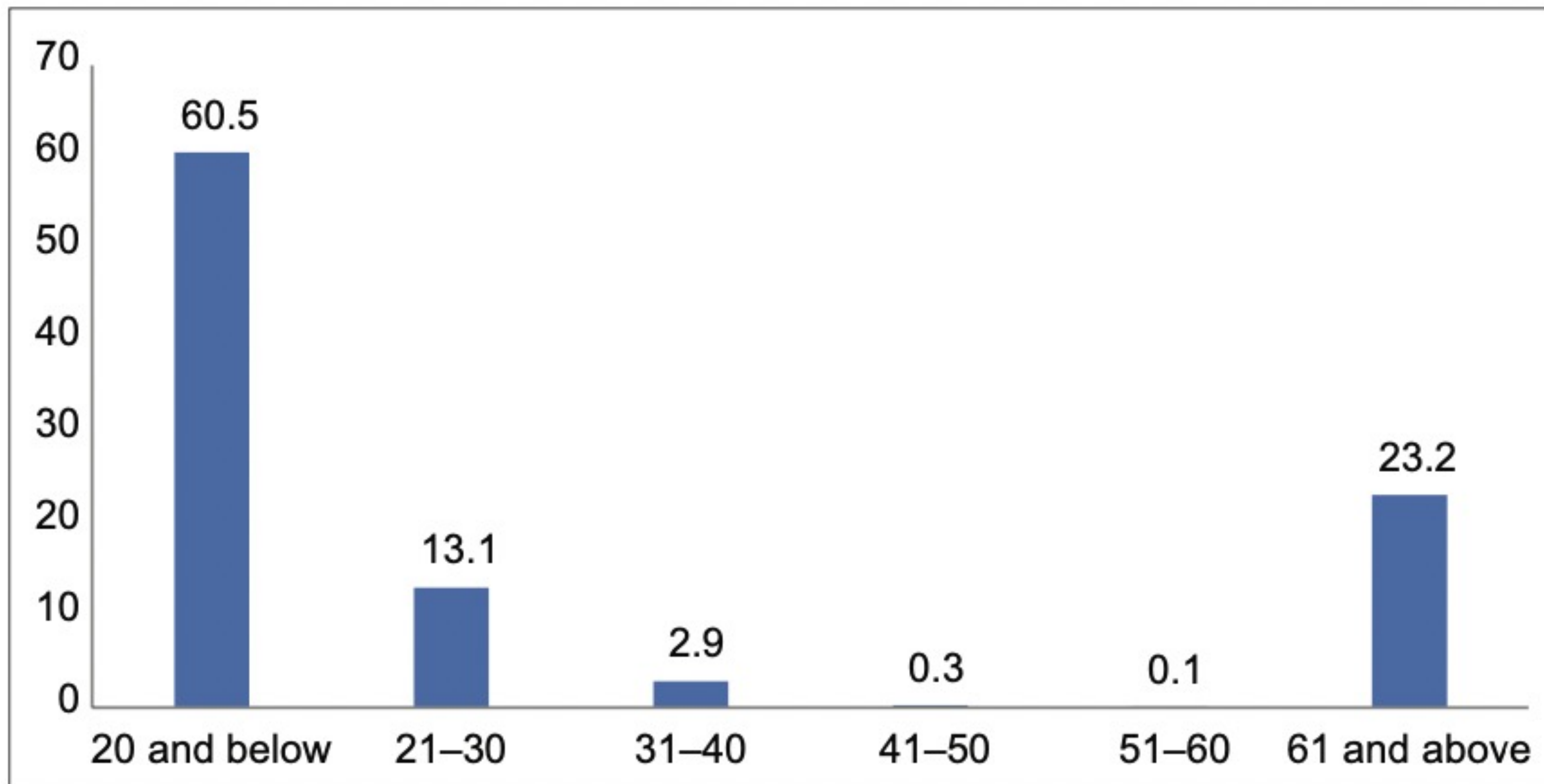


Figure 3: Age of tobacco use initiation among study participants

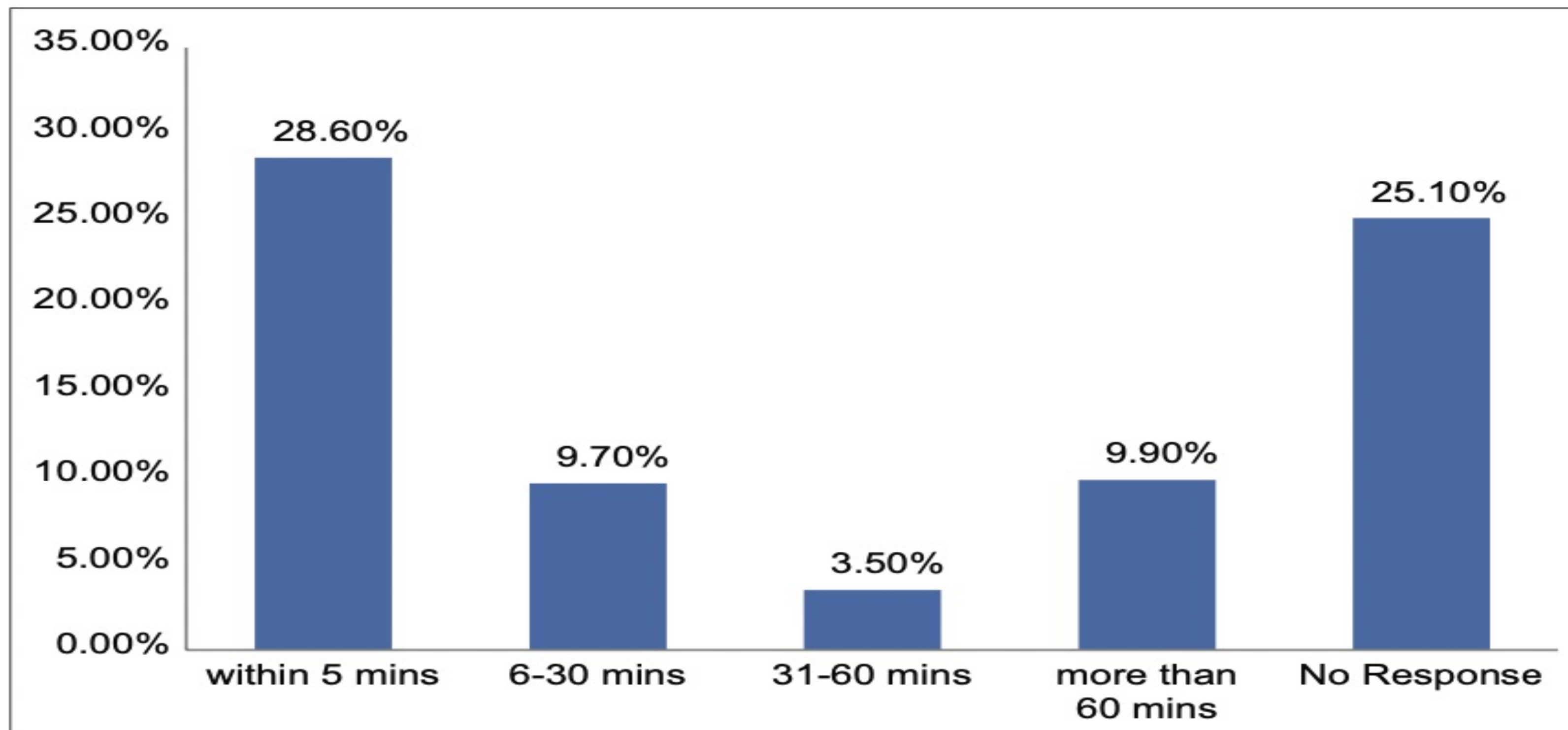


Figure: 4: Nicotine dependency among study participants

Table 2: Distribution of study participants according to information about tobacco use

Variable	Frequency	Percentage
Current use of any form of tobacco products		
Yes	473	64.4
No	170	23.2
No response	91	12.4
Current use of smoking tobacco		
Yes	97	13.2
No	243	33.1
No response	394	53.7
Current use of smokeless tobacco products		
Yes	385	52.5
No	131	17.8
No response	218	29.7
No of tobacco products used in a day on an average		
1	104	14.2
2	66	9.0
3	17	2.3
4	36	4.9
No response	341	46.5
Does smoking tobacco or using smokeless tobacco or both cause any health-related illness?		
Yes	289	39.4
No	52	7.1
Do not know	20	2.7
No response	373	50.8
Have you noticed any health warnings on cigarette packs or smokeless tobacco packages?		
Yes	395	53.8
No	40	5.4
No response	299	40.7

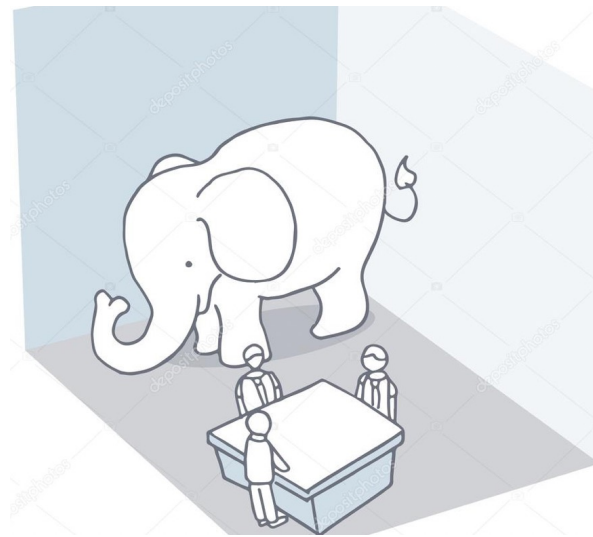


ering session to adopt reduced risk alternatives to LGBTQIA+ peers

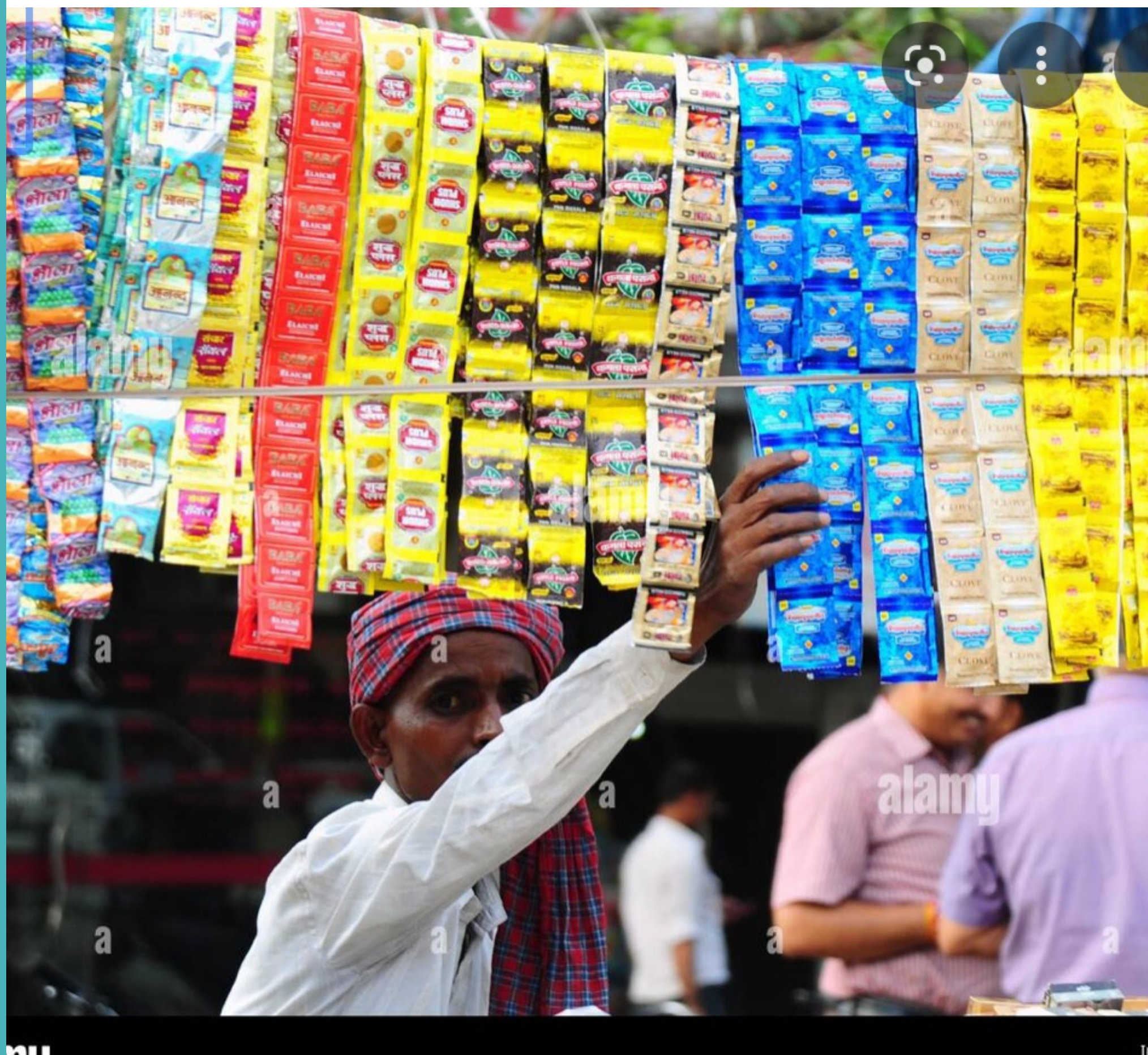
Table 3: Distribution of study subjects according to the information about interest, attempt to quit the use of tobacco products, and interest to use low-risk alternatives

Variable	Frequency	Percentage
During the last 1 year, have you tried to stop using tobacco of any form?		
Yes	199	27.1
No	142	19.3
No response	223	30.4
Are you currently interested in quitting tobacco use?		
Definitely	130	17.7
Possibly	67	9.1
Probably	28	3.8
Definitely not	188	25.6
No response	151	20.6
Do you know of any lower-risk alternatives to tobacco forms or medications that are available in the market?		
Yes	22	3.0
No	88	12.0
Do not know	75	10.2
No response	549	74.8
Are you interested to try any lower-risk alternatives to tobacco forms or medications as part of the research study?		
Yes	7	1.0
No	44	6.0
Do not know	100	13.6
No response	413	56.3

1. **Current use of smokeless tobacco products is 52%.**
2. Smoking by females-not socially accepted in major parts of India, trans females discreetly consume smokeless tobacco.

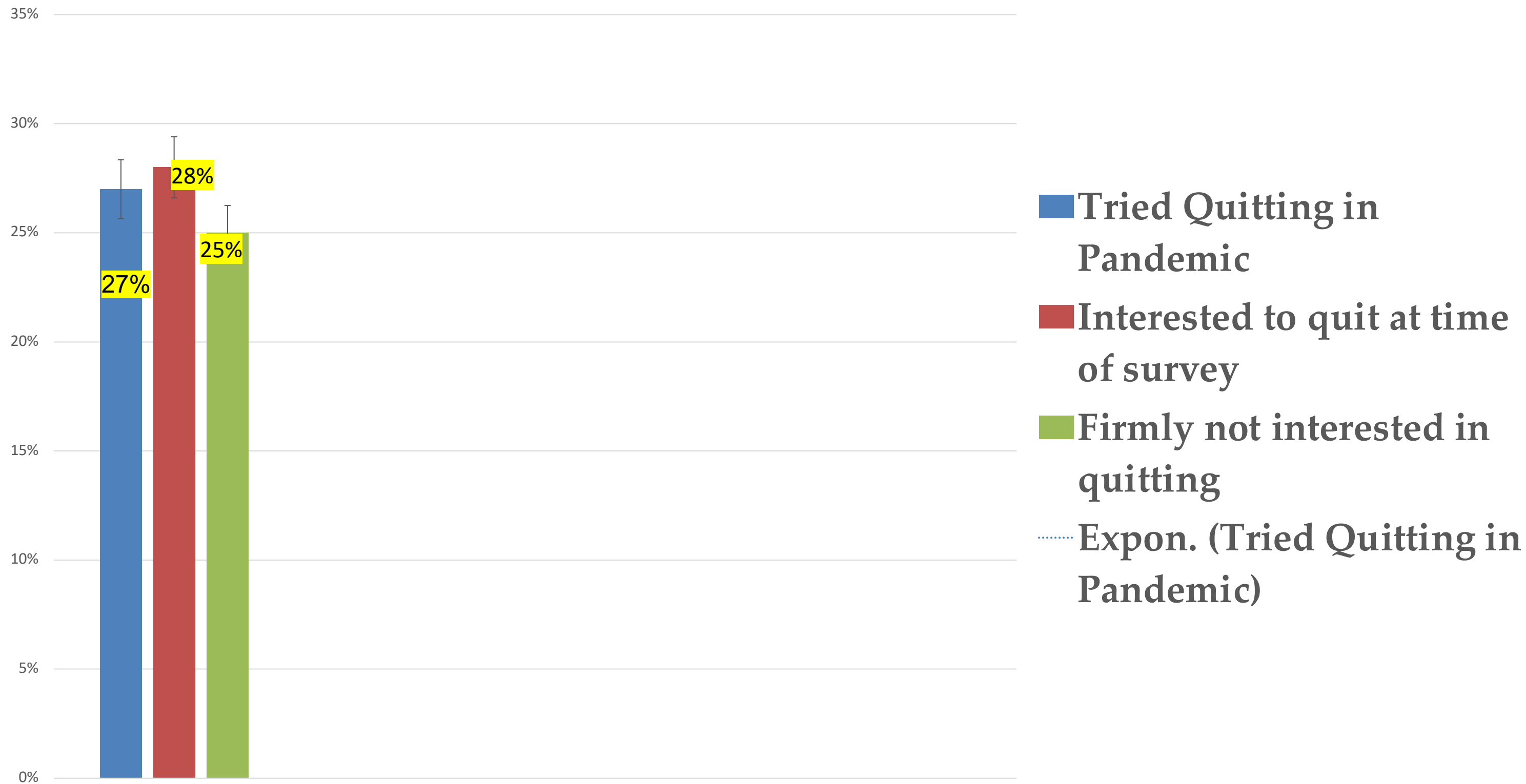


Misperception about the toxic profile and misplaced wellness benefits of Indian smokeless tobacco products, may add to increased use of smokeless tobacco.



- 16% are poly tobacco product users
- 7.2% using more than two types tobacco products/day on an average.

Quit Intentions



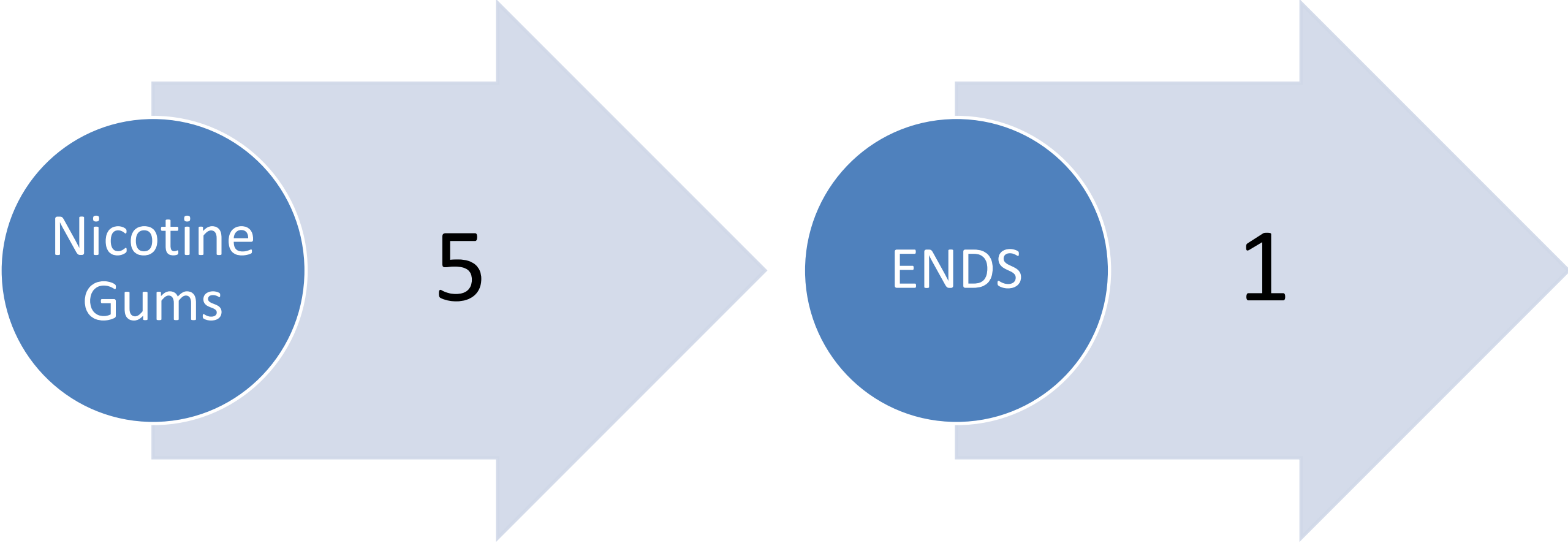
Education, socioeconomic status, and occupation-significantly associated with the current use of any form of tobacco.

Sucharitha, et al.: Pattern of tobacco use among transgenders

Table 4: Association of education status of study participants with current use of tobacco of any form, current smoking, current use of smokeless tobacco, and trying to quit tobacco use

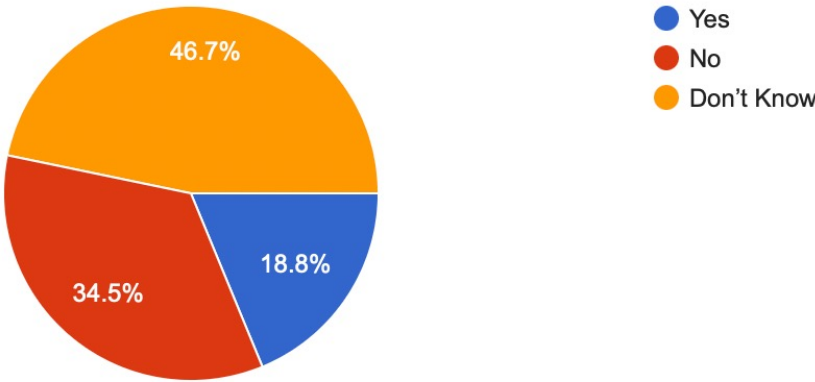
Variable	Frequency (%)			Significance
	Yes	No	Total	
Education status		Current use of any form of tobacco products		
Illiterate	3 (100)	0	3 (100)	$\chi^2=68.6764$ $P<0.001^*$ df=6
Primary school	68 (82.9)	14 (17.1)	82 (100)	
Middle school	21 (80.8)	5 (19.2)	26 (100)	
Secondary school	137 (95.1)	7 (4.9)	144 (100)	
Higher secondary school	115 (62.5)	69 (37.5)	184 (100)	
Graduate/diploma	93 (60.8)	60 (39.2)	153 (100)	
Post-graduation/professional education	12 (52.2)	11 (47.8)	23 (100)	
Total	449 (73)	166 (27)	615 (100)	
Current smoking tobacco				
Illiterate	0	0	0	$\chi^2=47.254$ $P<0.001^*$ df=5
Primary school	2 (7.7)	24 (92.3)	26 (100)	
Middle school	0 (0)	6 (100)	6 (100)	
Secondary school	9 (37.5)	15 (62.5)	24 (100)	
Higher secondary school	22 (16.5)	111 (83.5)	133 (100)	
Graduate/diploma	62 (47.7)	68 (52.3)	130 (100)	
Post-graduation/professional education	0 (0)	14 (100)	14 (100)	
Total	95 (28.5)	238 (71.5)	333 (100)	
Current use of smokeless tobacco products				
Illiterate	3 (100)	0 (0)	3 (100)	$\chi^2=76.587$ $P<0.001^*$ df=6
Primary school	66 (82.5)	14 (17.5)	80 (100)	
Middle school	21 (84)	4 (16)	25 (100)	
Secondary school	132 (95.7)	6 (4.3)	138 (100)	
Higher secondary school	95 (61.7)	59 (38.3)	154 (100)	
Graduate/diploma	34 (50.7)	33 (49.3)	67 (100)	
Post-graduation/professional education	11 (50)	11 (50)	22 (100)	
Total	362 (74)	127 (26)	489 (100)	
Trying to quit the use of tobacco products				
Illiterate	0 (0)	3 (100)	3 (100)	$\chi^2=13.332$ $P=0.038^*$ df=6
Primary school	30 (56.6)	23 (43.4)	53 (100)	
Middle school	9 (81.8)	2 (18.2)	11 (100)	
Secondary school	60 (63.2)	35 (36.8)	95 (100)	
Higher secondary school	50 (56.2)	39 (43.8)	89 (100)	
Graduate/diploma	36 (50)	36 (50)	72 (100)	
Post-graduation/professional education	8 (88.9)	1 (11.1)	9 (100)	
Total	193 (58.1)	139 (41.9)	332 (100)	

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Are you interested to try any lower risk alternatives to tobacco forms or medications as part of research study?

261 responses



Prevalence of current use of any form of tobacco products among transgenders was high, that is, 64.4%.

Education status, socioeconomic class, and occupation were significantly associated with the current use of any form of tobacco and trying to quit tobacco use.



Conducting tobacco harm reduction awareness session for International Women's Day 2022





Dr. Sree
Sucharitha
Tirukkovalluri
(2021-2022)

ENHANCED THR SCHOLARSHIP

PROJECT FINAL REPORT

Original Article

The pattern of tobacco use and the associated socio-demographic factors among Transgenders living in Chennai city of Tamil Nadu, India

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ABSTRACT

Introduction: The tobacco epidemic is one of the biggest public health threats the world has ever faced, which kills more than 8 million people a year around the world. Transgenders are prone to use and abuse substances including tobacco and alcohol as a coping mechanism to manage minority stress experienced due to high levels of discrimination and lack of acceptance by society. **Objectives:** Among transgenders living in Chennai city, Tamil Nadu, (1) we aimed to estimate the prevalence and describe the pattern of tobacco use and (2) identify the sociodemographic factors associated with tobacco use. **Methods:** A community-based cross-sectional analytical study was conducted among 734 transgender adults living in the Chennai city of Tamil Nadu. A pre-tested, semi-structured interview schedule was used. Descriptive statistics such as frequency and proportions were used for categorical variables. Chi-square test was applied to find the significance of the association between tobacco use and sociodemographic factors. **Results:** The prevalence of the current use of any form of tobacco products among transgenders was 64.4%. About 27% had tried to stop using tobacco during the past 1 year. Education status, socioeconomic class, and occupation were significantly associated with the current use of any form of tobacco and trying to quit tobacco use. **Conclusion:** The prevalence of tobacco use among transgenders is alarming. The present study findings highlight the need to increase awareness activities by health authorities and non-government organizations (NGOs)/community-based organizations (CBOs) to generate awareness about the health hazards of tobacco use among transgenders. Tobacco control programs focussing on transgenders are essential.

Keywords: SLT, smokeless tobacco, smoking, tobacco use, transgenders

COVID

QUALITATIVE STUDY

TITLE

COVIDQUIT: A Qualitative exploration of COVID-19's impact on tobacco consumption and perceptions of tobacco harm reduction interventions among sexual and gender minorities in Chennai, Tamil Nadu



Onsite S-FGD about willingness to adopt reduced risk alternatives at CBO



Ice-breaking session and Introduction before S-FGD at CBO

Sl No	Themes
1	Change in tobacco use behaviors due to COVID-19
2	COVID-19 and tobacco use as coping mechanism for stress management
3	Patterns of purchasing behaviors
4	Quit attempts and motivation to quit

Table 1: Socio-demographic characteristics of study participants (n-27)

Characteristics		Count (n)	%
Gender	Transgender-Male to females	24	100%
	Gay	03	
Age (years)	Mean ± SD	40.9 (11.3)	
Education	High school and Plus2	15	55.5%
	Graduation	07	25.92%
	Post-graduation	05	18.51%
Tobacco	Smoking	07	25.92%
	Chewing	20	74.07 %
	Both smoking and chewing	17	62.96%
Alcohol	<10 years	15	55.55%
	>10 years	12	44.44%

In Their Own Words

Theme 1: Change in tobacco use behaviors due to COVID-19

- *“We are forced into lockdowns, not aware of such things; we have no idea that tobacco is harmful for corona.”* (Age 28)
- *“We are lonely, (quarantine, lockdowns) so no one to guide us and what do we know about medical. How do we know they are safe for US, I mean not for you but for US, you can understand what I am saying, know”* (Age 46)
- *“ Now I stopped using khaini, chaini which I used before Corona and now only use Cool Lip (a type of smokeless tobacco product) ”* (Age 33)

COVID-19 and tobacco habit changes

Theme 2: COVID-19 and tobacco use as coping mechanism for stress management

- *“It helped me to manage my stress as there was so much of fear about this CORONA).... it is not studied properly” (Age 38)*
- *“Am all alone and watch animation movies for killing time and chew tobacco during lockdowns, Not very much particular about all these things, people like us...” (Age 37)*

Theme 3: Patterns of purchasing behaviors

- *“During pandemic I used to search, buy and store cartons and bags full of cool lip packets for lockdown periods. ”. (Age 38)*
- *“ Now I stopped using khaini, chaini which I used before Corona and now only use Cool Lip (a type of smokeless tobacco product) ” (Age 33)*
- *“I continued with the same, like before, very few cigarettes per day if am with clients and otherwise nothing ” (Age 41)*

Altered purchasing behaviors

Theme 4: Quit attempts and motivation to quit

- *““I really want to quit chewing tobacco and alcohol with your support now as I am aware I crossed my limit, please include me in any treatment program.”. (Age 38)*
- “ We heard of help lines on TV and I called but I need more than counselling to quit, as am using chaini khaini for past 15 years” (Age 33)
- “ Awareness is there, but our life is difficult, please understand that and support us”
Leader of the community.

Seeking support for cessation and harm reduction

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ORAL PAPER- ADDICON, NEW DELHI, 2021

COVIDQUIT: A Qualitative exploration of COVID-19's impact on tobacco consumption and perceptions of tobacco harm reduction interventions among sexual and gender minorities in Chennai, Tamil Nadu

ABSTRACT



Background

The COVID-19 pandemic correlated with decreased human connectivity and associated with negative psychosocial health and well-being among sexual and gender minorities (SGM). The objective of the study was to explore the perceptions of Covid-19 impact on tobacco consumption behaviours and elicit awareness on motivation and preferences related to intervention programs to tobacco harm reduction and cessation practices among SGM members in field practices area of Tagore Medical College and Hospital, Chennai.

Materials & methods

Using small group focus discussions (S-FGD) methodology, four sessions (27) were conducted during August to October 2021. All groups discussed variations in tobacco consumption practices for pre-pandemic and pandemic period, motivations, barriers, mental health issues, and preferences for future interventions to promote tobacco harm reduction among SGM community. Audio-recording of the discussion was done with informed consent and throughout the discussion author reconfirmed and verified for the content validity and approval from the participants. Braun and Clarkes (2006) process of thematic analysis was performed focusing on the objectives of the study.

Results

Overall, participants revealed poor awareness about harmful health effects of chewing forms of tobacco such as HANS, chaini, khaini and ghutka compared to smoking forms. Pandemic negatively affected intake of chewing forms of tobacco manifold due to increased isolation imposed by lockdowns, misperceptions that chewing form is safer than smoking forms of tobacco, mental and emotional stress due to uncertainty, diminished livelihood opportunities. Participants indicated that medical support in the form of individual and group counselling to address mental health issues related to their gender and sexual identity and cessation treatment support will improve their engagement to quit tobacco habits.

Discussion & Conclusion.

Planning health education and targeted intervention strategies for this vulnerable population and provision of free supply of nicotine replacement therapy products such as gums and lozenges in community settings will improve their motivation and adherence to quit tobacco.

THANK YOU