Original Research Article

Lived Experiences of Women Tobacco Users: A Explorative Qualitative Study in Chennai, Tamil Nadu

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Abstract

Background: Tobacco habit use among women in India is a complex issue influenced by socio-cultural and market factors. Despite efforts there is a rising trend in tobacco use among Indian women thus gender lens need to be focussed to reverse the tobacco epidemic in India. This study aimed to explore knowledge, attitude and practices related tobacco harm reduction and cessation among women tobacco users in Chennai. **Methods:** We conducted 21 semi-structured interviews personally and over the telephone with women tobacco users between October 2020 and February 2021. The interview content was analysed into pre-determined themes and new themes were identified using thematic analysis.**Results:** Eight major themes were identified in the study. Themes expressed the influences and triggers for uptake of tobacco use and self-ascriptions of habitual use as non-addictive and self-reliant measures to quit , tobacco use as stress relieving tool. Themes also revealed minimal awareness of reduced risk alternatives such as nicotine replacement therapies, COVID-19 impact on smoking, self-reliant measures undertaken to quit smoking and search for alternatives to smoking due to health scares.**Conclusion:** This study a first of its kind contributes unique insights about the role familial and peer influences play in initiation of tobacco as revealed by lived experiences of women tobacco users in this study. The findings also show that tobacco use especially smoking in work environment is perceived to confer benefits of social acceptance and belonging to a group among peers which show that it is beyond individual control. Gender specific interventions are warranted to address tobacco use among Indian women based on these dynamics.

Keywords: Women tobacco users, qualitative study, lived experiences, interviews

Introduction

Globally, tobacco smoking remains the most preventable risk factor with estimated 8 million deaths each year and one billion deaths in 21st century attributed to smoking-related diseases. [1] Tobacco use is alarmingly on the rise in low and middle income countries, and early adulthood is identified as most vulnerable period for initiation of tobacco habit in India. [2-3] According to Global Adult Tobacco Survey-2 report (2016-2017), about 25% of the 15 years and above surveyed population have ever used tobacco in any form. Among them, 14.2% were women of whom 12.2% were smokeless tobacco users and 2% were smokers.[4] As per Global Youth Tobacco Survey (GYTS-2009), 6% of female students used smokeless forms of tobacco such as khaini and ghutkha.[5] As smoking tobacco remains social taboo amidst Indian conservative norms, a study among urban Indian women (2015), showed that 22.3% women consumed smokeless tobacco wherein only 0.50% smoked.[6] However states such as Goa and North-East reported smoking trends similar in both the genders. [7-10]In Tamil Nadu Tobacco Survey (TNTS 2015-16), undertaken by the Cancer Institute (WIA) the overall tobacco use for the state stands at 5.2% of which 0.9% women were tobacco users. [11] Tobacco habit is conceived as early as 8 -15 years in India, however mean age at initiation for 'exclusive smoking' was found to be significantly lower for girls. [12] Research also identifies that women experience early exposure to some forms of tobacco before the age of 10 years. [9,12] The reasons also tend to be linked with tobacco use in family by parents, peer approval, social acceptance. [13,14,15,16] Mishra et al., reported varied median ages for initiation of smokeless tobacco products ranging from 17.1 years to 30 years based on various surveys. [17] Of the 1.5 million women deaths attributed to tobacco annually, 75% occur in low- and middle-income countries whereby in the absence of effective interventions World Health Organization predicts 2.5 million deaths by 2030. [18]

Gender impacts health-related behaviours and utilization of health care services in India. Panda et al., mentioned that at individual level tobacco use tends to have a high opportunity cost resulting in a reduced capacity to seek better education, health and nutrition. [19] Though there has been studies about burden of tobacco use among women to our knowledge relatively few studies explored about women tobacco users access to information, choices and practices towards tobacco habit use in qualitative manner. Increasing attention at global level about gendered analyses and approaches in tobacco control policies spotlights the disadvantaged position of lack of integration of the same at national level. It is imperative to identify the underlying socio-economic dynamics and emerging new factors driving the trends among various groups of women and qualitative approaches are well suited for this purpose. Thus in this present study, we aimed to explore and document the lived experiences of women tobacco users in Chennai, Tamil Nadu.

Materials and Methods

Study design

A qualitative study was conducted as part of larger study to explore lived experiences of women tobacco users allowing for the exploration through personal descriptions of experiences and perspectives through semi-structured personal interviews between October 2020 and February 2021.[20]Personal interviews were conducted by principal investigator with prior pre-scheduled appointments both personally and over the telephone with twenty one women tobacco users who self-reported tobacco use either in smoking form (9 women) or smokeless tobacco form (12 women) currently or in the recent past six months.

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Study Participants

Non-probability, purposive sampling was used to recruit study participants who self-admitted to be tobacco smokers (9) and chewers (12) within the age of 18-36 years. Using the snowballing technique, PI interacted with women professional course students, and leveraged personal network of social contacts and referrals from clinicians and twenty-one women subjects were recruited after obtaining oral informed consent.

Interview guide

A semi-structured interview guide was developed based on global, peer-reviewed literature and adapted to fulfil the objectives of the study. [21,22] It included three sections: i. socio-demographic details ii. tobacco habits and harm perceptions iii. understanding about harm reduction choices and cessation support and measures undertaken. Pilot testing of the interview guide was done among two women tobacco users and modifications were incorporated as per the regional context. The interpretive paradigm utilised int his study advocates from the theoretical perspective of the study of experiences of the participants shared by them and taken at face value. [23, 24]

Interview Procedure

The principal investigator read and obtained the oral informed consent from the participants prior to the interviews. The Institutional Ethics Committee approval was obtained for this study (Ref No: IEC No: 03/ OCT/2020) and participants were interviewed either in phone or in person in hospital setting. The subjects were explained about the objectives of the study and PI conducted the interviews in a language chosen by subjects (English or Tamil) by prompting the questions from the interview guide and took the notes. All interviews were semi-structured in nature and conducted both in English and Tamil languages as per the comfort of the subjects. Duration of interviews overall ranged about 20-30 minutes. At the conclusion of the interviews participants s were requested for any references of potential contacts and were actively followed up. When prospective leads refused (6 women) to participate in the study for any reasons the researchers thanked them for their time. After completing 21 interviews the authors agreed that recruitment may be concluded as no new insights were being generated.

Data analysis

The PI and co-author read the data collection sheet with interview notes of each participant and prepared an independent thematic code list according to the topics in the interview guide. An over view table was prepared which allowed for identification of new themes along with the pre-determined themes inherent in the interview guide. Regular discussions were held among researchers about the categorization of themes and consensus was reached during meetings. Thematic analysis was used to analyse the data. [25] The codes were then translated for textual data and summarized by themes, and also direct quotes were included to emphasise the themes and thereby ensure the accuracy. [26]

Results

The demographic characteristics of the study population had been briefly depicted in the table 1. Majority were between 18 – 30 years and three fourths of the study population were unmarried. Two thirds of the study sample were undergraduates and nearly one third of the population were students. Nearly two thirds of the study population had a tobacco use of more than 5 years.

Table 1: Demographic characteristics of study sample (n=21)

Variable	Description	Frequency	Percentage
Study sample	Total	(n = 21)	%
Age Group (in years)	18-24	8	38.09%
	25-29	8	38.09%
	30-36	5	23.80%
Profession	Student	7	33.33%
	Employed	6	28.57%
	Home Maker	8	38.09%
Marital Status	Unmarried	16	76.19%
	Married	4	19.04%
	Divorced	1	4.76%
Qualification	Graduate	6	28.57%
	Postgraduate	1	4.76%
	Undergraduate	14	66.66%
Tobacco use in years	<1	2	9.52%
	1-5	5	23.80%
	6-10	8	38.09%
	>10	6	28.50%

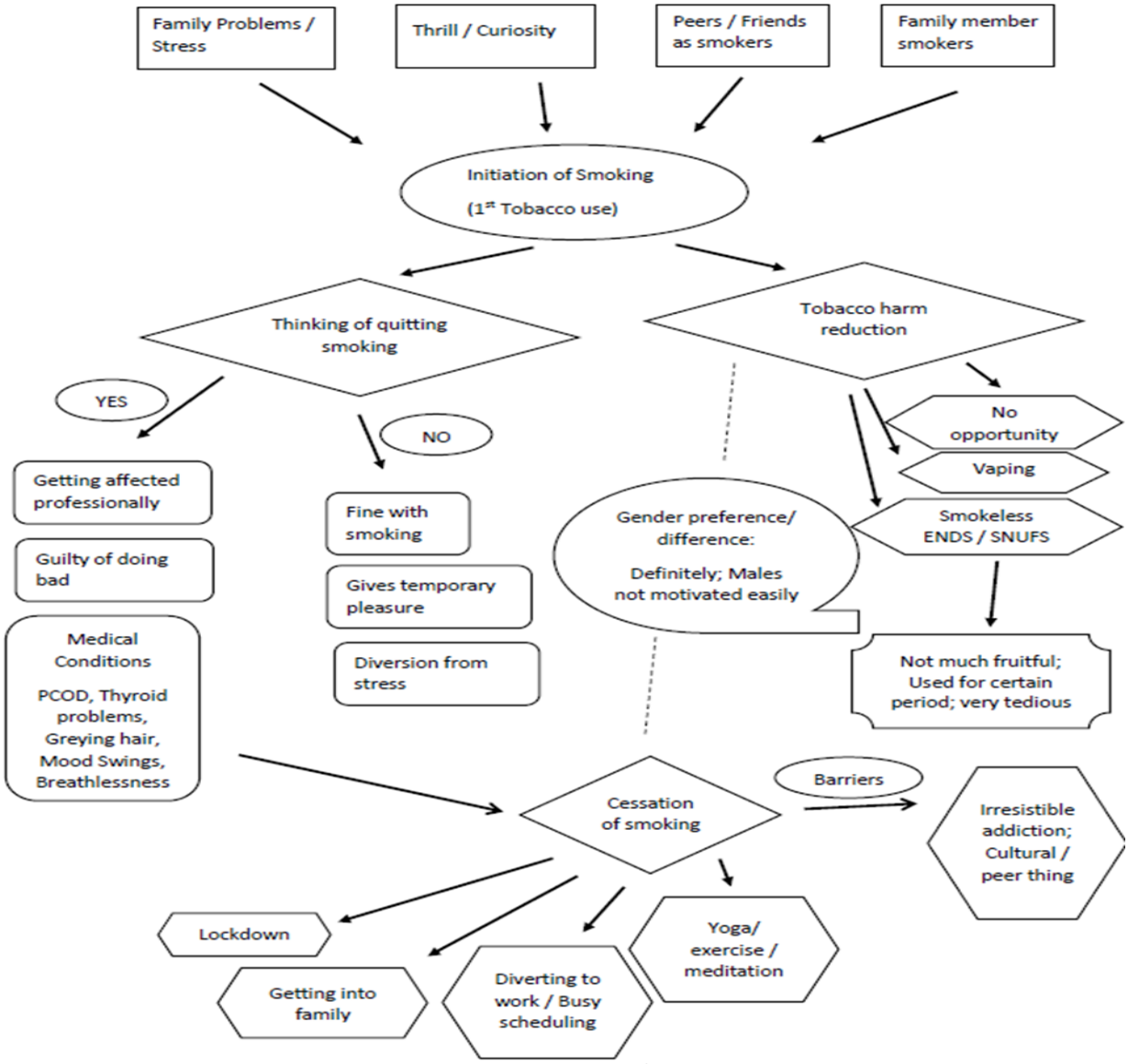

Fig 1: Thematic Flow Diagram on Lived experiences of women smokers [9]

The following main themes were identified from analysis of the interviews with women tobacco users:

Theme 1: Initiated smoking out of curiosity

Sub-theme: 1 Curiosity watching family members such as fathers and uncles

Most of the interviewees shared this common perception that initiation of smoking was triggered out of curiosity generated after observing closely a family member such as father, relatives or brothers smoking in the family.

"Yeah, Yeah, my dad smokes but it was never talked about, I'm thinking so….I understand addiction is in genes…Yeah, I feel like it might be okay." (Age, 26 years)

Sub-theme: 2 Acceptance, sense of belonging, grooming by older boy friends

Peer influences include party culture, older boyfriends and friends , self-identification with popular icons in media and music videos which ultimately act as the 'action points'.

"Um, I think it has to be influenced, it was an elder boyfriend. And it was….. just everyone was doing it and I wanted to give it a try, wanted to try it out." (Age, 26 years)

"And in my school, especially like I was, I am from central government syllabus school, like you know, like people are too hifi (high economic group) and all will only look forward to people who are very outgoing who's not stereotypical. What's wrong? It's like one time we're gonna do it. And after that one time, we've smoked. So what's wrong in it? And I started" (Age, 22 years)

"So it is more about being looking up to friends and being influenced by them. And also I would like to say like the music that I used to listen to always encourage stuff like this weed smoking, weed, alcohol, clubbing and all the other things attached to this partying" (Age, 24 years)

"Yeah, not even. I didn't like smoking, but I did it for the fun. So I never liked the smell of it. I never actually, like, if I do it, I would actually take the gum like normal bubble gum and I'm just doing it

because the smell never said like with me. But I will do it for the fun of it, because everybody's doing and everything" *(Age, 22 years)*

Theme 2: To accept smoking due to working culture

Sub-theme: 1 Feeling of compulsion to smoke due to work culture

One of the interviewee mentioned that due to work and business appointments it is imperative that when attending meetings with male colleagues it is expected that they do participate in this 'smoking culture' widely prevalent.

"You can't say no, the next time you're gonna go again? Or not? Yeah, because he's your boss, you're gonna have to do it. So it's just like a cultural thing. At this point. People who don't like smoking, will have to smoke with their client to get something done, you know?" (Age, 23 years)

Sub-theme: 2 Interpreted with a sense of freedom and liberation

Misperceptions about providing stress relief also contributed to the uptake of smoking as it equated with a sense of portraying the feelings of having freedom of expression and sense of liberation and empowerment.

"There are many reasons and one of them might be the wrong perception about liberation of women that they can also use tobacco and to show that they are equal to men
might be a reason." (Age, 18 years)

Theme 3. Denial: Perception of regular tobacco habit use as non-addictive tobacco use

Sub-theme: 1 Self-ascribed confidence in quitting without assistance

Almost all of the interviewees said that they are only smoking tobacco products at their convenience and at any point of time they are in a position to quit without any assistance only with their self-control.

"Habituated but not addictive, since hanging out (with) them was a habit and it used to be a regular habit but not… not addicted" (Age, 22 years)

"Like it's not like I'm not a chronic like, like, too frequently using it, but still I use it. I smoke it like, weekly once or if I'm going to party somewhere I feel like smoking. I feel like I do it. Either way someone will be like, always it's not an addict for me." (Age, 26 years)

Sub-theme: 2 Belief in internal locus of control in quitting

"I completely have that control with me, too. I'm not dependable on anything. If I want to withdraw someday or the other, I can. I can quit." *(Women user, age, 22 years)*

" So if you asked me if I was addicted, I say addicted in a very primary levels are a very low sense, but not so much that I couldn't get rid of it" (Age, 35 years)

Theme 4. Stress coping tool

Sub-theme: 1 Smoking perceived as stress coping tool

Another recurring themes shared by the majority of the interviewees was the self-perception about smoking acts as a coping tool for stress.

"Like main thing was like I was going through my family problems. I had a lot of issues. So I just came out of my family. So I was in complete stress with the stress gradually turned into a quiet depression period. So that was the time I just started smoking. Then it became a habit."(Age, 25 years)

Sub-theme: 2 Smoking promoted favourably among peers as stress relieving tool

This perception was constantly fed by people in their intimate circle, popular media etc .rather than any advertisements alone thus modelling the tobacco use among young adults.

"*In my circle, nobody has caused anybody else to like smoke. So I feel like it's just stress that makes people do this. So I know, when I have a long day, and I come back, and I chill with a bunch of friends. I bet I'm gonna go have a smoke, if I've had a very stressful day. So that's the image of cigarettes that I'm giving to the people around me. Doesn't this is what I do to make my stress go away. So that's the unofficial remedy for stress that as a society have given people so yeah" (Age, 23 years)*

"This is a small piece of you know, happiness nothing else apart from that smoking, you have. So you're getting depressed, go somewhere, in parties sit around, not do something, including smoking and a little more fun. That is the only thing am content about." (Age, 23 years)

Sub-theme: 3 Smokeless tobacco chewing as boredom relieving tool

Among tobacco chewers this habit is mainly formed at home and workplace influenced by elders and peers as an outlet to kill time during work breaks or lunch times. Eventually it becomes habit and

Theme 5. Gender and tobacco harm reduction: Minimal awareness of reduced risk alternatives

Sub-theme: 1 Lack of awareness on reduced risk alternatives among women users

Majority of the respondents were not aware of the reduced risk alternatives such as nicotine replacement products such as nicotine gums, lozenges, sprays, intra-dermal patches as potential reduced risk alternatives to combustible cigarettes.

"Other than quitting, I have no idea actually. But those I guess those medicines, the gums that we find in medical stores might be helpful, but I have actually not come across those preventive measures at all, because I didn't go to that extent. Yeah. And I've also not seen woman, woman in particular…Woman in particular to face..to come up to that situation." (Age, 18 years)

Sub-theme: 2 Lack of gendered target messaging in health awareness campaigns for women

Our participants shared lack of health messages in public sphere educating about alternatives such nicotine replacement products.

"Sure, I mean, they know about NRT, but they also know it doesn't work. Yeah, I think it's just targeted at men. The assumption is that women don't smoke so they don't need this. So yeah, I mean some guy bought me patch doing his own research and so that I mean even in a way, even I didn't know about these options until some dude came and told me. So, yeah, every ads are showing towards them, and most of them are not reaching the woman" *(Age, 23 years)*

Sub-theme: 3 Poor acceptance of nicotine replacement products in clinical practice

Another interviewee who is a tobacco user and a dentist by profession shared her experience of recommending NRT products and received negative feedback from her clients.

Nicotine gums: "It didn't suit me. I couldn't get through this. I tried, but I couldn't. That's what he said."

Nicotine patches: "I told personally.. told people to use but they…you know… they were like -I'll try to cut it down but patch and all… never used they went into an assumption that they couldn't do it."

Theme 6. COVID-19 impact on quitting tobacco

Sub-theme: 1 Quarantine enforced family time as motivation to quit

Three of the nine interviewed smokers quit smoking during COVID-19 lockdowns and stay at homes. The reasons mentioned for quitting were health concerns, staying with family as they were not aware of their smoking status and also lack of access to smoking products and places.

"Oh, then, for this six months, this whole CORONA. I couldn't I didn't smoke at all because I'm at my home. Yeah, I'm with my parents, And so it's just impossible.*" (Age, 18 years)*

The COVID-19 containment measures and quarantine measures were significant in making young women thoughtful to consider their smoking habits and positively motivated them to consider quitting.
"Actually… I…. see… this…. I am…I started it just in the August no… So, for me to even realize that I have gone too far with this. It took more time for me to realize and then when I thought about doing something to correcting it and then maybe reducing the amount before I could implement on anything this quarantine started…so Yeah." *(Age, 18 years)*

Sub-theme: 2 Lockdowns leading to lack of access to smokeless tobacco
The COVID-19 also prompted many families to exert strong influence on older family members to quit smokeless tobacco chewing habits as there were new restrictions in sale of these products.
"My younger brother who used to buy them for me without my husbands' knowledge now refused and thus I have no choice other than to quit" (Age, 33 years)

Theme 7. Self-reliant measures to quit smoking
Sub-theme: 1 Personality traits
Nearly all interviewees quit smoking by relying on their own self-will power, and determination to quit tobacco without seeking any assistance from medical professionals.
"No, I actually did not have the need. They will not even, once not even not even considered." *(Age, 22 years)*

Sub-theme: Short duration and low quantity of intake of smoking enabling quitting
Also it was identified during the interviews, the duration of smoking was relatively shorter and quantity of smoking among these participants was mild to moderate which also pointed in the direction of mild nicotine dependence.
"Nothing. I guess I find within meditation. Yeah, I try and make sure I am breathing, doing some sort of plays that I'm playing with and yeah, not anything, otherwise no medication." (Age, 22 years)

Sub-theme: 2 Support from partners and friends
One of interviewees stressed that, though smoking was a habit, however it was not a strong addiction and with help from partners and will power they were successfully able to gradually reduce the intake and eventually quit smoking on their own.
"Yeah, on my own. Because it wasn't an addiction, I had a lot out of wreck…. I came out of all those problems. I gradually cut down the smoking time. So gradually it went like two days once or three days once. Probably then I thought of like…and my fiancee helped a lot in giving it up and he encouraged me to stop it and in between, I had thyroid disorder, so I said I can do that for my own". (Age, 22 years)

Theme 8. Search for alternatives to smoking due to health scares
Sub-theme: 1 Substitute with reduced risk alternatives
Only one interviewee looked for smoking substitutes due to health related issues as narrated below:
"And I stayed like that as a smoker, not as a chain smoker….but five to six cigarettes a day. And it stayed on like that for around seven or eight months. But then at the same time I started getting affected…. I have a family history of diabetes. And I saw my health go really down. And that's when I started researching alternative methods and, you know, with vaping." (Age, 35 years)
One participant shared that as smoking is considered harmful she switched to chewing products which are considered safe among their peers to quit cigarettes.
"I started Cool Lip…as I stopped cigarettes due to health issues." (Cool Lip is a smokeless tobacco product) (Age, 26 years)

Sub-theme: 2 Low harm perception due to low smoking
Another interviewee believed that as their intake was very less they should not be concerned about reduced risk alternatives for smoking.
"Okay, if you're going to just limit yourself and just only for fun, it's fine. But it's going to be a routine, it's going to be a danger. So I had that in my mind." (Age, 25 years)

Discussion
To our knowledge, this is the first study to explore in qualitative manner the lived experiences of women users of tobacco in Chennai. These findings reveal global and south-east Asian region trends among young females aged 15 years and above used some form of tobacco on a current basis and smokeless tobacco use in south-east Asian region is seven times most common than smoked tobacco. [27] Published evidence supports our findings in this study when focused through gender lens that female children with tobacco using parents and siblings are at higher risk of using tobacco products due to family and environmental factors. [28-33]This influence of family members' tobacco use among female children's uptake of tobacco needs to be explored further in Indian context as research is lacking in this area.
Despite efforts aimed at tobacco habit prevention and control about 1.5 million women deaths are attributed to smoking-related diseases globally each year. [18] Additionally, prevalence of tobacco use is declining among men however it is predicted to increase by 20 percent in the next five years with an estimated 2.5 million deaths by 2030 among women. Psychiatric illnesses among women such as depression, anxiety and stress are independently associated with tobacco use. Smoking rates are found to be disproportionate among people with mental health illness (PLWMI) compared to average general population across the world. A cohort study from state of Delhi reported thrice common use of tobacco among women with major mental illness (MMI) with equal use of both smoking and smokeless forms. [34]
Experts of social learning theory focus on peers and elder friends as powerful and significant source of influence in predicting the adolescent substance use including tobacco. [35-36] Our study findings also revealed that female users are subjected to these influences at schools, social gatherings and work places which had vital effects on their attitudes and behaviours towards using tobacco products. These findings highlight the importance of examining these influences on female children, adolescent and young women and gender specific interventions targeting the same are warranted.
It is evident from our study findings that women users believe that tobacco use in either form is providing stress relief. This is in concurrence with reported studies where smoking is a common coping tool for anxiety and to induce relaxation. [37-40]These findings suggest that specialized awareness campaigns may be required to dispel these beliefs and reorient women users regarding addiction potential of these products which cause poor health outcomes among consumers. Women also should be sensitized about the healthier choices of stress relief measures such as meditation training, physical activity which can be embedded into life style practices at schools, colleges and workplaces pro-actively to confront the myth of tobacco as a stress reliever.
Our findings also show that women users have low awareness about safer nicotine alternatives used for quitting such as nicotine gums, lozenges, sprays or transdermal patches and very few used them with unfavourable experiences. Also majority of the participants perceived their tobacco use as within in their control and expressed confidence to quit whenever they need without assistance from health care providers. In a study from Kolkata, authors identified that youth demonstrated lack of understanding of ill effects of tobacco influencing tobacco debut in youth and lack of belief on existing tobacco control measures. [41]
Similar to our findings, parents and peers are major sources to influence tobacco abstinence and cessation support among users in

the absence of clinical or counselling support services. [42-43] Further research should be conducted to understand the cessation efforts made by smokeless tobacco users as literature is particularly lacking in this area.

Conclusion

This study a first of its kind contributes unique insights about the role familial and peer influences play in initiation of tobacco as revealed by lived experiences of women tobacco users in this study. The findings also show that tobacco use especially smoking in work environment is perceived to confer benefits of social acceptance and belonging to a group among peers which show that it is beyond individual control. Gender specific interventions are warranted to address tobacco use among Indian women based on these dynamics.

Limitations

Qualitative research study design is exploratory in nature and through purposive sampling these findings may not be replicable in other cultural contexts. The sample size is limited as no new information was forthcoming and convenient sampling might have introduced biased participant recruitment given the nature of the topic in conservative society. The interviews were conducted both in person and through telephone according to the convenience of the study subjects which might have impacted the quality of the information provided thereby leading to variations in the content. Still, these findings and data , we believe, to our knowledge are unique in Indian context as very few studies are undertaken to explore the lived experiences of women tobacco users in South India and thus is a new contribution to existing body of literature. Further research is needed to explore in much depth into these findings.

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