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Knowledge attitude and practices of smoking habits among transgender living in Chennai city

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ABSTRACT

Smoking is highly prevalent among transgender persons and contributes to health disparities. Many studies in the past 20 years have documented that transgender individuals smoke at rates that exceed the general population; yet, there have been few reports of smoking cessation interventions targeting this population. Stress, patronage of bars and clubs, and higher instances of alcohol use among the transgender community contribute to higher smoking rates. This study aimed to determine the knowledge attitude and practices of smoking habits among transgender living in Chennai city. Cross-sectional questionnaire study involving 100 transgender of Chennai City, Tamil Nadu to assess the smoking habits for an extended period of 20 days in November 2017. The study involved smoking habits, using of pan and Hukkah, oral hygiene and dental visits. All the obtained data was entered on Microsoft excel sheet and analysed using Statistical Package for Social Science (SPSS, IBM, USA) version 20. From these results, it shows that 45% were not interested in controlling smoking, 44% were agreed that tobacco companies were using them to use the tobacco products, 65.1% did not care about the health warnings in the cigarette packets, 71% have not visited doctors to quit smoking, 69.4% were not aware of oral gum and bone problems because of smoking. Smoking habit among transgenders is more compared to others in Chennai city. Based on the results, transgenders have a high prevalence of Smoking habits, and it is recommended to conduct Smoking cessation programs must frequently be conducted to improve the health of a vulnerable subpopulation and to reduce the health illness by creating awareness on Smoking habit and its consequences.



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INTRODUCTION

Smoking and tobacco use cause stained teeth, bad breath and a diminished sense of taste (Aaron

Plant *et al.*, 2017). Over time, smoking can hinder the immune system, producing more concerning side-effects that include a reduced ability to recover after surgery (Armitage CJ 2007). Because of this, smoking is also one of the most significant risk factors associated with gum or periodontal disease, which causes inflammation around the tooth. This irritation can affect the bone and other supporting structures, and in advanced stages can result in tooth loss (Armitage CJ 2001). The use of tobacco especially smokeless tobacco increases the risk of oral cancer as well, which can be aggressive due to the abundance of blood vessels and lymph nodes in the head and neck region (Weissman M *et al.*, 1977). The effects of smoking on teeth can lead to tooth decay and pose a

Table 1: Questionnaire

1. How many times do you smoke daily?
A. More than 2 or 3 B. A full packet C. Not smoking daily
2. At what age did you start smoking?
A. Minor B. Major C. Now only D. Not remembered
3. Did you use a pan or other tobacco stuff?
A. Yes but rarely B. yes daily C. not using D. daily number of times
4. Did you aware of lung cancer because of smoking?
A. No B. Yes
5. Did you addict to smoking?
A. Yes B. No
6. Did you try to control smoking?
A. Yes tried lot B. Not C. Sometimes D. Difficult to control
7. Cigarettes using is a part of transgender?
A. Strongly agree B. Agree C. Disagree D. no option
8. Tobacco companies use advertising to get the transgender community to use the products?
A. Agree B. Strongly agree C. Disagree D. No opinion
9. How many of you noticed the tobacco and cigarettes prevention messages for transgender young people on a website or while online?
A. None B. 1 to 3 times in past 30 days C. 1-3 times per week D. daily or almost daily
10. Have you ever attempted to quit cigarettes or feel like having a cigarettes first thing in the morning?
A. I don't use tobacco B. Yes C. No
11. Have you ever feel like having the cigarettes in the morning?
A. I have ever smoked B. I no longer smoke cigarettes C. No, I don't feel having cigarettes in morning D. Yes sometimes I have in the morning
12. Other than cigarettes did you use pipes or little cigars?
A. Yes B. No
13. Did you hear about smokeless tobacco?
A. Yes B. No
14. Did you visit a doctor to quit smoking?
A. Yes B. No
15. Did you hear about smokeless tobacco?
A. Yes B. No
16. Have you smoked 100 cigarettes?
A. Yes B. No C. I don't know
17. What is the long period of a lifetime you have gone without smoking since you first started?
A. A week or less B. 1 week-1 month C. 6 month-1 year D. Longer than 1 year
18. Are you interested in stopping smokers?
A. Strongly B. A little C. Not at all D. Somewhat
19. Did you get a bad breath because of smoking?
A. Yes B. No
20. Did you get tooth stain because of smoking?
A. Yes B. No
21. Did you aware of your oral gum and bone because of smoking?
A. Yes B. No

challenge with restorative dentistry (West R *et al.*, 2001). Because tobacco causes tooth discolouration, the aesthetic result of This treatment is not always ideal – both extrinsic and intrinsic (Murray J and Lopez AD 1997). In addition, gum recession can cause uneven margins on crowns and other restorations.

Smoking leads to dental problems, including.

- Bad breath, tooth discolouration
- Inflammation of the salivary gland openings on the roof of the mouth
- The increased build-up of plaque and tartar on the teeth
- Increased loss of bone within the jaw
- Increased risk of leucoplakia, white patches inside the mouth

- Increased risk of developing gum disease, a leading cause of tooth loss
- Delayed healing process following tooth extraction, periodontal treatment, or oral surgery
- The lower success rate of dental implants
- Increased risk of developing oral cancer

Tobacco smoke has around 7,000 chemicals in it, around 70 of those cause cancer. Quitting the smoke will help to reduce the health risk Risks for cancers in the mouth, throat, oesophagus, and bladder drop within five years (Gries JM, *et al.*, 1996). The risk for lung cancer drops by after ten years. Lung cancer is the largest single cause of cancer-associated mortality Smoking increases the risk of premature death in middle-aged men and giving up smoking earlier in life can prevent smoking-attributable premature death (Nguyet NM, *et al.*, 1998). The smoking rate among transgender is striking – estimated to be twice that of the heterosexual population. Transgender community smoke three times the rate of general community (Norman P, 1999; Ajzen I 1988). Stress, patronage bars and clubs, higher instances of smoking and alcohol among the transgender community to higher smoking rates. Smoking shortens the life of the people of 12 years and female around 11 years (Ajzen I 1991; Ajzen I 2002). Poisons in tobacco that affect peoples' health are carbon monoxide is found in care fumes and is fatal in large replaces oxygen in the blood and starves organs of oxygen and stops them from functioning properly (Ajzen I. 2008; Anda, D.F. *et al.*, 1990). Lung disease due to smoking can take years to be noticed, often can't be diagnosed until it is quite advanced (Lee YO, Glantz SA 2011; Ferris Wayne G, Connolly GN. 2004). There are many lung and respiratory problems caused by smoking. The aim of the study is to determine the knowledge attitude and practising of smoking habits of transgender living in Chennai city.

MATERIALS AND METHODS

Cross-sectional questionnaire study that was carried out to assess the smoking habits of transgender in Chennai, Tamil Nadu. A total of 100 transgender participated in the study. The survey period extended for 20 days in November 2017. The study involved smoking habits, no of cigarettes a day, brushing, using of pan and Hukkah, oral hygiene and dental visits. The study subjects consisted of transgender from three prominent localities of the city where most of the transgender lives.

With 21 questionnaires, (Table: 1) which had been designed based on the primary objective of the study was used. The questionnaire was initially

prepared in English, later translated into their regional (Tamil) language.

Knowledge of smoking habits: No of cigarettes using per day,

The attitude on smoking habits: Assessment of oral hygiene and regular dental visit

Practising on smoking habits: Assessment of using cigarettes, tobacco-related habits and food habits

Statistical analysis

All the obtained data was entered on Microsoft excel sheet and analysed using Statistical Package for Social Science (SPSS, IBM, USA) version 20.

RESULTS: Presented in Table 2, pie diagrams 1,2,3,4, & 5.

DISCUSSION

This study evaluated the knowledge, attitudes and practice on smoking habits among transgender residing in Chennai. Results of the present study show, (Table: 2)

- 6.2% people were smoking two to 3 cigarettes daily, and 18.7% were smoking a full packet daily, and 47.7% were not smoking daily,
- Age of the smoking was not remembered by 42.1 %, major was 8.4 %, not remembered were 42.1 %,
- Using the pan and other tobacco stuff were 26.6% using numbers of times daily, 7.3 % Were using rarely, 44% were not using,
- People aware of lung cancer: no 10.2%, yes 89.8%,
- people addicted to smoking: yes 17 %, no 83%,
- People try to control smoking: yes 21.5%, no 45.5%, sometimes 25.2% ,
- Cigarette using is being a part of transgender: yes 23.9 %, no 38.5%, disagree 20.2%, Tobacco companies use the transgender community for advertising their products: agree 17.5 %, strongly agree 44%, disagree 16.5 %,
- People seeing tobacco prevention message: none 7.7 %, past 30 days 39.3%, per week 8.4%,
- People attempted to quit smoking: not using tobacco 5.8 %, yes 34.9 %, no 29.2 %, people have cigarettes daily in the morning: not smoking 2.4 %, no Longer smoking 45.4%, don't have in morning 17.6%,
- Other than cigarettes using pipes: yes 22%, no 78 %,
- people noticed health warnings on cigarettes: yes 49%, no 65.1%,
- people visited doctors to quit smoking: yes 99 %, no 71%,

Table 2: Result Percentage - Shows the survey of 100 transgender with 21 questionnaires

Questions	Option A	Option B	Option C	Option D
1	7.5%	6.2%	18.7%	47.7%
2	8.4%	3.4%	26.2%	42.1%
3	7.3%	22%	44%	26.6%
4	10.2%	89.8%	-	-
5	17%	83%	-	-
6	21.5%	45.8%	25.2%	7.5%
7	13.9%	38.5%	20.2%	17.4%
8	17.5%	44%	16.5%	11.9%
9	4.7%	7.7%	39.3%	8.4%
10	5.8%	34.9%	29.2%	-
11	2.4%	45.4%	17.6%	4.6%
12	22%	78%	-	-
13	49%	65.1%	-	-
14	99%	71%	-	-
15	6.1%	63.9%	-	-
16	23.1%	59.3%	17.6%	-
17	4.3%	22.9%	10.5%	12.4%
18	0.6%	32.4%	23.1%	13.9%
19	23.4%	76.6%	-	-
20	1.8%	68.2%	-	-
21	0.6%	69.4%	-	-

- People know about smokeless tobacco: yes 6.1%, no 63.9%,
- People smoked 100 cigarettes in entires life: yes 23.1%, no 59.3%,
- longest period of smoking: week 4.3%, 1month 22.9%, 6month 22.9%,
- People interested in: stop smoking 0.6%, a little 32.4%, not 23.1%,
- People get a bad breath of smoking: no 23.4%, yes 76.6%,
- People got tooth stain because of smoking: yes 1.8%, no 68.2%,
- People aware of oral gum and bone because of smoking: yes 33%, no 69.4%.

- 45.8% were not interested in controlling smoking, (Pie diagram:1)
- 44% were agreed that tobacco companies were using them to use the tobacco products, (Pie diagram:2)

From these results, the pie diagram shows statistically significant results

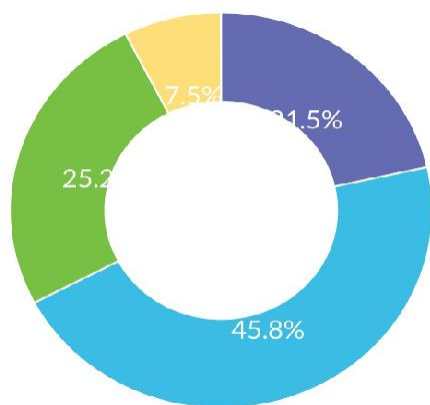


Figure 1: 45.8 % of transgender was not interested in controlling smoking

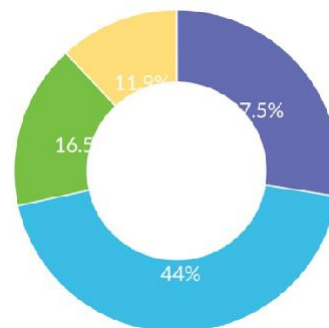


Figure 2: 44% of transgender was agreed that tobacco companies were using them to

- 65.1% did not care about the health warnings in the cigarette packets, (Pie diagram:3)

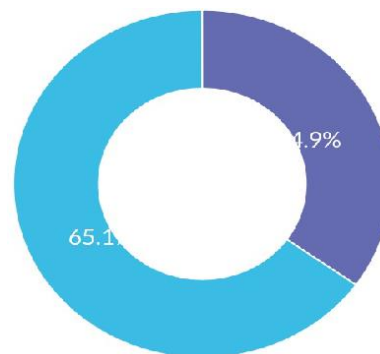


Figure 3: 65.1% of transgender did not care about the health warnings in the Cigarette packets

- 71% were not visited doctors to quit smoking, (Pie diagram:4)

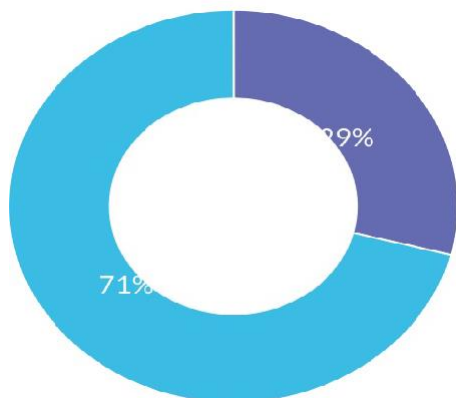


Figure 4: 71% of transgender was not visited doctors to quit smoking

- 69.4% were not aware of oral gum and bone problems because of smoking. (Pie diagram:5)

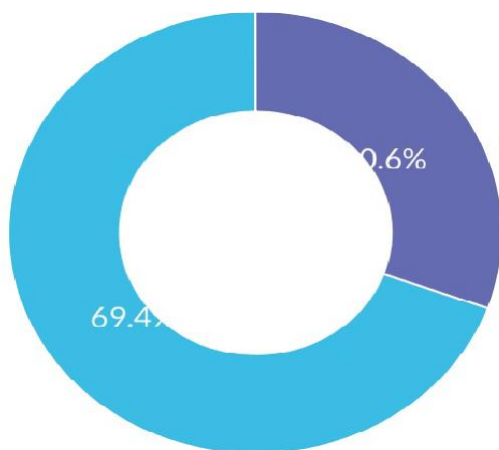


Figure 5: 69.4% of transgender was not aware of oral gum and bone problems

Smoking habit among transgender is more compared to others in Chennai city. Only 33.9% of people have the intention to quit the habit. The transgender population is considered especially vulnerable because of high rates of depression, substance abuse, HIV infection, and social and employment discrimination, all of which are associated with higher smoking prevalence (American Lung Association 2016). Preventing them from controlling the smoking habits. Rath JM, *et al.*, 2013 in their study concluded that 33.2 % of transgender young adults smoke cigarettes at a rate higher than the homosexuals (19%), Bisexuals (16.9%) and heterosexual young adults (11.8%) result of the above study comparable to the present study. King BA, *et al.*, 2012 proved in his study about the prevalence of using other types of tobacco, including water pipes and cigars are high among transgender adults when compared to the general population. Thus the rate of smokers among transgender are higher than the general population. Overall, lesbian, gay and bisexual adults smoke at rates up to 2.5 times higher than

straight adults, due in part to targeted marketing by Big Tobacco (Lee JGL, *et al.*, 2007).

Smoking cessation programs should be conducted frequently among the transgender population to create awareness on cessation of habits. This study has got some limitations of not including the age differences, their educational level, occupation, health status and finally their socioeconomic status and also limited sample size further longitudinal studies should be conducted after making the transgender to attend smoking cessation programs.

CONCLUSION

Limited information exists on cigarette smoking prevalence among transgender people; however, cigarette smoking prevalence among transgender adults is reported to be higher than among the general population of adults. Based on the result percentage it is well known that transgenders have high prevalence of Smoking habits, and it is recommended to conduct Smoking cessation programs in public places frequently to improve the health of a vulnerable subpopulation and to reduce the health illness by creating awareness on Smoking habit and its consequences.

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