



Prevalence of Smoking Among Transgender Population Residing In Urban Chennai- A Cross Sectional Survey

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Abstract: In general, there is a lack of research on the transgender population and tobacco use. Findings from previous studies are in conflict regarding the use of tobacco products among transgender populations. The purpose of this study was to estimate the prevalence of current tobacco use among transgender population in and around Chennai city. A cross sectional survey was conducted to assess the prevalence of smoking among transgender. A direct interview was conducted using questionnaire related to smoking and transgender type. Descriptive statistics was used to give the prevalence, socio demographic variables and chi square test was used to compare the smoking habit with socio demographic data. The prevalence of smoking among transgender was forty percentage. While comparing age group and smoking habit or type of transgender (male to female and female to male) and smoking there was no significant association observed (p value > 0.05). Around 60% of them had the habit of Alcohol intake. While comparing education and occupation with smoking behavior, there was a strong significant association (p value 0.006, 0.002) found in this study. Cigarette was the most common type of tobacco used by these populations. Tobacco in the form of cigarette was common among Transgender population. Future research is needed with an increased sample size to assess the quantity of cigarette intake. The data from this study can be used as a preliminary report to inform best and promising practices for tobacco control and prevention for the transgender population.

Keywords: Prevalence, transgender, tobacco, smoking, habit, prevention

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1. INTRODUCTION

Transgender adults face many adversities related to stigma and discrimination. Chronic stress as a result of marginalization increases the prevalence of depressive symptoms, psychological distress, suicide, substance abuse, and smoking in this population group.^{1,2} The tobacco epidemic is one of the greatest public health threats the world has ever faced, killing more than 8 million people worldwide annually. More than 7 million of these deaths are due to direct tobacco use, while around 1.2 million are due to non-smokers exposed to secondhand smoke. More than 80% of the 1.3 billion tobacco users worldwide live in low- and middle-income countries, which are the most exposed to tobacco-related illness and death. Tobacco use contributes to poverty by diverting household spending from basic needs like food and shelter to tobacco. Tobacco use is a major risk factor for many chronic diseases, including cancer, lung disease, cardiovascular disease, and stroke. It is one of the leading causes of death and disease in India, causing about 1.35 million deaths every year. Smoking tobacco is an especially concerning issue among adolescents since experimenting with cigarettes in youth increases the odds of addiction and, thus, continuing to smoke in adulthood.³ India is also the second largest consumer and producer of tobacco. A wide variety of tobacco products are available in the country at very low prices. Nearly 267 million adults (aged 15 and over) in India (29% of all adults) use, according to the 2016-17 India Global Adult Tobacco Survey. The most common form of tobacco use in India is smokeless tobacco and the most commonly used products are khaini, gutkha, tobacco betel quid, and zarda. The ways of smoking tobacco are bidi, cigarette and hookah. Smoking may be particularly deleterious for transgender and gender non-binary youth who seek gender-affirming medical treatment, such as hormonal therapy and surgery, because it increases risk of thromboembolic events and worse surgical outcomes. Transgender are one of the many marginalized groups that continue to smoke at high rates.^{4,5,6,7} There is limited information on the prevalence of smoking among transgender people; However, the prevalence of smoking is reported to be higher in transgender adults than in the general adult population. Some evidence among adults suggests high rates of smoking among these populations.⁸ Younger cohorts of gender minority individuals may be particularly vulnerable.⁹ The transgender population is considered to be mainly at risk, as it is often exposed to substance abuse, depression,

HIV infection, and social and occupational discrimination, all of which are related with a higher prevalence of smokers.¹⁰ The present research is the first study to evaluate the prevalence of cigarette use among transgender adults from a developing country like India.

2. METHODS

A cross sectional survey was conducted among 159 transgender individuals. All procedures performed in this study involving human participants were in accordance with the ethical standards of Sree Balaji Medical College and Hospital, Institutional Human Ethical Committee (Ref. No. 002/SBMC/IHEC/2020/1367). Written consent was taken from the individuals for participating in the study. Convenient sampling technique was used to choose the population. Age group from 25 and above was enrolled.

3. MEASUREMENT

Questions related to tobacco usage were used to assess tobacco practices. First question was "Do you smoke?" with the following response options: "No, or "Yes,," The second item is what form of tobacco will you prefer to take? Like bidi, cigarette and hookah. All the questions were asked qualitatively not quantitatively. And Socio demographic characteristics of the participants were collected.

4. STATISTICAL ANALYSIS

Analyses were done using SPSS ver24. Prevalence was given in percentage and we used 2-tailed χ^2 tests, with statistical significance set at $P < .05$, to assess within-group differences and between-group. Transgender individuals with an unknown gender were excluded from the analysis.

5. RESULTS

We collected the data related to socio demographic characteristics included age, sex, education status, occupation status. Total of 159 populations were enrolled for this study. Of which almost equal proportion of male to female and female to male transgender were selected for this study. Age group range from 25 to 56 years and the mean age was 38 years. Majority (82%) of them were unemployed (Table 1).

Table-I Demographic characteristics		
Transgender	Frequency	Percentage
Male to female	79	49.7
Female to male	80	50.3
Age group		
20-30	29	18.2
31-40	65	40.9
41-50	63	39.6
>50	2	1.3
	159	100.0
Employment		
Employed	29	18.2
Unemployed	130	81.76

Table 1 - almost equal proportion of male to female and female to male transgender, Age group range from 25 to 56 years and the mean age was 38 years. Age group above 50 years is very small. Majority (82%) of them were unemployed.

Figure-I shows, the level of education among study population. Majority (82%) of them did their elementary school level and 10% of them were illiterate.

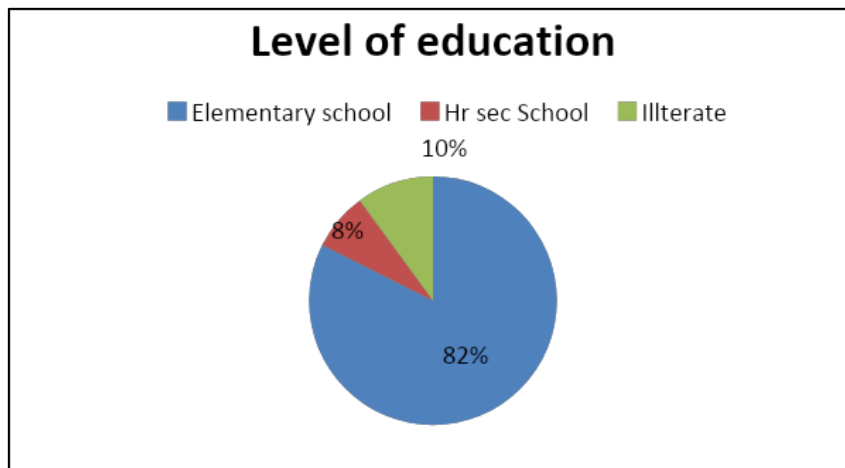


Fig-I Education level

Figure-I shows majority of them went to elementary school and discontinued their education, 8 percentage had gone up to secondary level of education and 10 percentage have not been to school for education.

Table-2 Prevalence of smoking and alcohol among transgender			
Tobacco		N	%
Yes		63	39.6
No		96	60.4
Alcohol			
Yes		95	59.7
No		64	40.3
Type of tobacco			
Cigarette		34	21.4
Bidi		29	18.2
Hookah		7	4.4
		159	100.0

Table-2 shows 60 percent do not use tobacco and 40 percent uses tobacco of which 21 percent smokes cigarette, 18 percent smokes bidi and 4 percent uses hookah. 40 percent don't consume alcohol and 60 percentage are alcoholic.

Around 40% of them were using tobacco but 60% of them had the habit of alcohol intake. (Table-2) Among the smokers (40%) many of them using cigarette (21%) followed which bidi. (18%).

Table-3: Comparison of gender with the habit of tobacco					
Transgender group	Tobacco		Total	Pearson square	Chi- Correlation coefficient
	Yes	No			
Male to female	34	45	79	0.382	0.069
Female to male	29	51	80		

Table-3 shows the comparison between male to female and female to male groups with the habit of tobacco usage. No significant differences were observed between both the groups (p-value- 0.382).

Comparing the type of transgender and tobacco usage, there was no significant different (p-value- 0.382) was observed in this research (Table-3).

Table-4: Comparison of gender and alcohol					
Transgender group	Alcohol		Total	Chi-Square	Correlation coefficient
	Yes	No			
Male to female	46	33	79	0.069	0.410
Female to male	49	31	80		
Total	95	64	159		

Table-4 shows the comparison between male to female and female to male groups in alcohol consumption. No significant differences were observed between both the groups (p-value-0.069).

While comparing the type of transgender and alcohol usage, there was no significant different (p-value- 0.069) was observed in this research (Table-4).

Table-5: Comparison of age group with the habit of tobacco				
Age group	Tobacco		Total	Chi-square
	Yes	No		
20-30	16	13	29	0.893
31-40	41	24	65	
41-50	38	25	63	
>50	1	1	2	
Total	63	96	159	

Table-5 shows the comparison of the age groups with the habit of tobacco usage. There was no significant correlation observed between the age groups and habit of tobacco.

Table-6: Comparison of age group with the habit of alcohol				
Age group	Alcohol		Total	Chi-square
	Yes	No		
20-30	17	12	29	0.346
31-40	41	24	65	
41-50	37	26	63	
>50	0	2	2	
Total	95	64	159	

Table-6 shows the comparison of age groups and the habit of alcohol. There was no significant differences observed between the age groups and alcohol consumption (P-value -0.346)

Table-7 Level of education and smoking				
Education	Smoking tobacco		Total	p-value
	Yes	No		
Elementary school	47	84	131	0.006
Hr.Sec School	10	2	12	
Illiterate	6	10	16	
	63	96	159	

Table-7 shows the comparison of level of education and the habit of Smoking. A strong association was found with the level of education and smoking p-value-(0.006).

The above table-7, we can observe that there was a strong association observed with level of education and smoking behavior (p-value 0.006)

Table-8: Comparison of employment and smoking tobacco				
Employment	Smoking Tobacco		Total	Chi-square value
	Yes	No		
Employed	19	10	29	0.002
Unemployed	44	86	130	
Total	63	96	159	

Table-8 shows the comparison between the employment status and the habit of smoking. It shows a strong association between employment status and smoking behavior.

The above table-8 shows that there was a strong association between employment status and smoking. (p-value 0.002),

6. DISCUSSION

In spite of years of prevention and intervention efforts, tobacco use remains a leading contributor to morbidity and mortality. This study examined the association between transgender and use of various tobacco products. Moreover, significant disparities in smoking prevalence and related risk also remain same. Tobacco use among transgender is associated with multi-factorial etiology. While this has not

been extensively studied in the world, also it has received very little attention in developing countries like India. Therefore, the current analysis explored association among socio demographic factors and tobacco use in transgender population. Tobacco is used in a variety of forms in India. In the current scenario, cigarette was the most commonly used tobacco form [1]. In our view, very few participants reported honestly to the question on which forms of tobacco used by them. Causes for smoking may

include both psychological and environmental risk factors. We are unable to notice variations in smoking initiation and intention to quit between male to female and female to male (FTM) transgender individuals over time because this is a cross-sectional study. Transitioning, on the other hand, is a continuous process that might take months, years, or even a lifetime. A systematic review also found the similar results regarding tobacco/nicotine outcomes, cigarette use was the most frequently studied outcome (60%). In this study there was no association with gender and tobacco practice. Many studies supports to our findings as gender identity were generally not associated with cigarette or other tobacco use.^{12,13} We found that age was not correlated with the practice of smoking and many studies also found that age was not associated with cigarette use.¹⁴ Regarding education level and smoking there was a significant association observed in this study similarly most studies found that having more education was associated with a decreased likelihood of cigarette use.¹⁵⁻¹⁷ A study by Hiscock et al found similar results regarding higher tobacco use and low educational attainment. ¹⁸.

Employment is playing a major role in the habit of smoking. In this study we found, Unemployed are having less smoking habit than the employed. (p value 0.002). The stress caused by the harassment in their workplace might trigger them to smoke.¹⁹ The current study findings add to the relatively sparse literature by providing evidence on the unique profiles in transgender use of tobacco products. The tobacco industry has been advertising alternative tobacco products to tempt a new generation of young consumers as cigarette consumption among adults has dropped in recent years. We have no data on average consumption patterns, lifetime use patterns, use of other tobacco products, the effects of antitobacco advertising, tobacco attitudes, exposure to smoking bans at home or work, rates of cessation, the mean number of quit attempts, the methods used to quit, or the characteristics and correlates of quitting ²³ LGBT Tobacco and Alcohol Disparities ⁵⁶⁹ of quitting. A study by Mathivadani et al shows that about 45% of transgender participants are not interested in controlling smoking and 61.5% of the participants did not care about the health warnings printed in the cigarette packets. 69.4% of the participants were not aware of the oral health problems associated with smoking ²⁰. Including the cultural references and specifically the impact of tobacco consumption on the LGBT community had made the psychoeducational content of the cessation program more meaningful. The cessation classes conducted in LGBT identified spaces and using LGBT facilitators strengthened the responsiveness of the intervention ²¹. Employer sponsored cessation program can reach a large group of work force ²². Cessation program which had offered incentives to quit such as providing free Nicotine Replacement Therapy (NRT) were successful ^{23,24}. Some employer combines monetary benefits with cessation

counseling ^{25,26}. These valid points has to be included in the planning of the cessation programs to increase the expected outcome from this stigmatized group of population. At the least gathering these basic statistics would be an important beginning step in resolving these problems.

7. CONCLUSION

This study showed that around 40% of them were using tobacco, but 60% of them had the habit of alcohol intake. Among the smokers, 21% of them use cigarettes and 18% use bidi. There was no significant difference observed while comparing the type of transgender and tobacco usage with the type of transgender and alcohol usage. There is no significant association between age group and tobacco practice or age group and alcohol practice among the transgender population. We discovered a strong relationship between education level and smoking behavior, as well as employment status and smoking. The repeated discrimination and oppression of transgender by society has traumatised them psychologically, and a majority of them are affected by Post-Traumatic Stress Disorder (PTSD). They are under the wrong impression that tobacco use would relieve their stress temporarily. To prevent the morbidity and mortality associated with tobacco abuse, tobacco use in any form must be prohibited in this marginalized and stigmatized group of the population. research needs an increased sample size to assess the quantity of cigarette intake. The data from this study can be used as a preliminary report to inform best and promising practices for tobacco control and prevention for the transgender population. Further research is needed to appreciate the causes of differences in tobacco use prevalence among this population.

8. ACKNOWLEDGEMENT

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9. AUTHORS CONTRIBUTION STATEMENT

Dr.Manikandan Shanmugam the principal investigator conceptualized the study , carried out the research study and drafted the manuscript. Prof. Kurinchi Kumaran Navaneethakrishnan the research supervisor guided this study. Prof.Bhaskar Venkatachalam and Prof. Rajasigamani Kandasamy discussed the methodology and result. Dr.Krishna Prasanth Baalann contributed in analyzing the data.

10. CONFLICT OF INTEREST

Conflict of interest declared none

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