
**SMOKELESS TOBACCO USE AMONG RURAL WOMEN IN
THE SOUTHEAST. U.S.A.**

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PURPOSE OF THE RESEARCH

To understand underlying factors contributing to the use of smokeless tobacco products in rural women living in an area of the southeastern United States.

PURPOSE OF THIS *PRESENTATION*

The purpose of this *presentation* is to share patterns of smokeless tobacco derived from qualitative research and to underscore the need to assess and discuss the health risks of smokeless tobacco.

RESEARCH OBJECTIVES

- × Describe the patterns of use of smokeless tobacco among women in rural Southern U.S.
- × Identify perspectives on use and health concerns of women who use smokeless tobacco
- × Validate smokeless tobacco use among women as a significant health risk
- × Develop heuristic points for additional research.

BACKGROUND AND SIGNIFICANCE

- ✘ **The use of smokeless tobacco among women is a poorly understood, silent health issue often related to culture, especially among lower socio-economic groups, minorities, and women in rural areas.**

PREVALENCE

× Although the prevalence of cigarette smoking *has* decreased from 25% to 20% over the last 5 years, the prevalence of smokeless tobacco use has not changed.

× (CDC, 2008, Sondik, 2008)

PREVALENCE

× In fact, use of smokeless tobacco has actually *increased* especially among women, young people and certain ethnic/cultural/vulnerable groups especially in rural regions of the southern united states

× (CDC, 2008, Sondik, 2008)

SMOKELESS TOBACCO

- × Smokeless tobacco is considered to be any form of tobacco that is not smoked but is sniffed through the nose, held in the mouth, or chewed. It includes moist and dry snuff and various forms of chewed tobacco.



BACKGROUND AND SIGNIFICANCE

× A clear relationship exists between smokeless tobacco use and serious health problems.

+ (American Cancer Society, 2009; Hergens, Lambe, Pershagen, Terent, & Ye, 2009 ; Jayalekshmi, et al., 2009; Norberg, Stenlund, Lindahl, Bowman, & Weinehall, 2006; Petersen, 2009).

SMOKELESS TOBACCO INCREASES THE RISK OF:

Metabolic syndrome

(Norberg, Stenlund, Lindahl, Bowman, & Weinehall, 2006)

Stroke and other cardiovascular disease

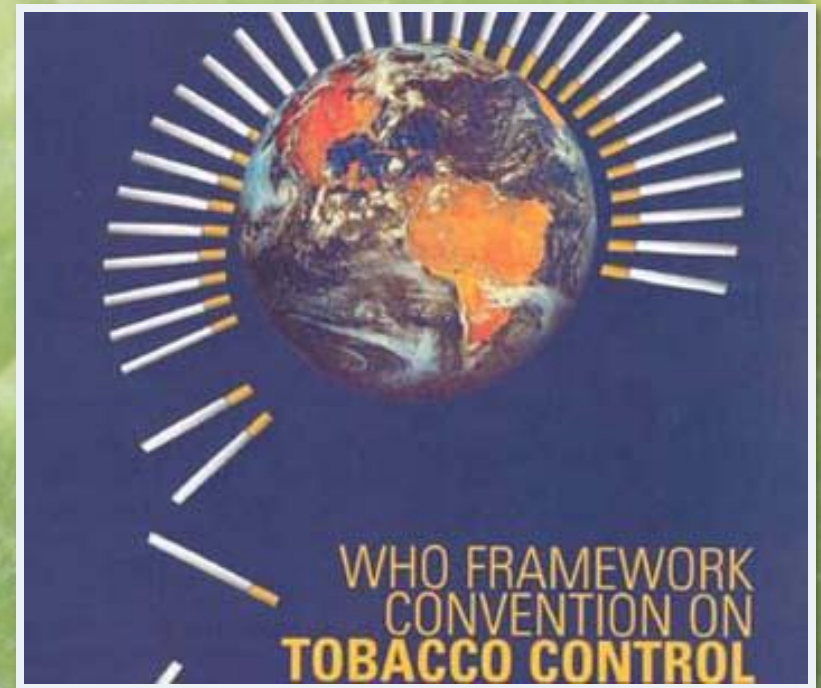
(Hergens, Lambe, Pershagen, Terent, & Ye, 2009)

Cancers of the mouth and throat, esophagus, and pancreas

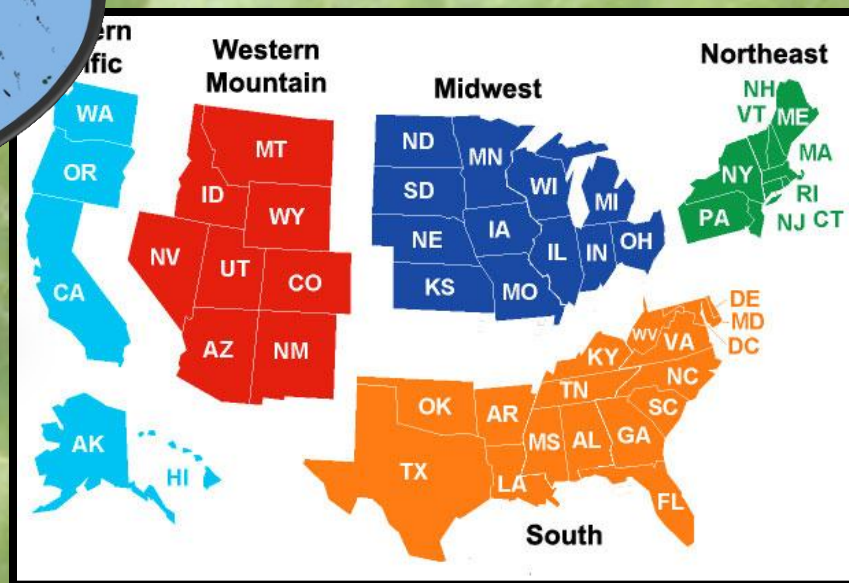
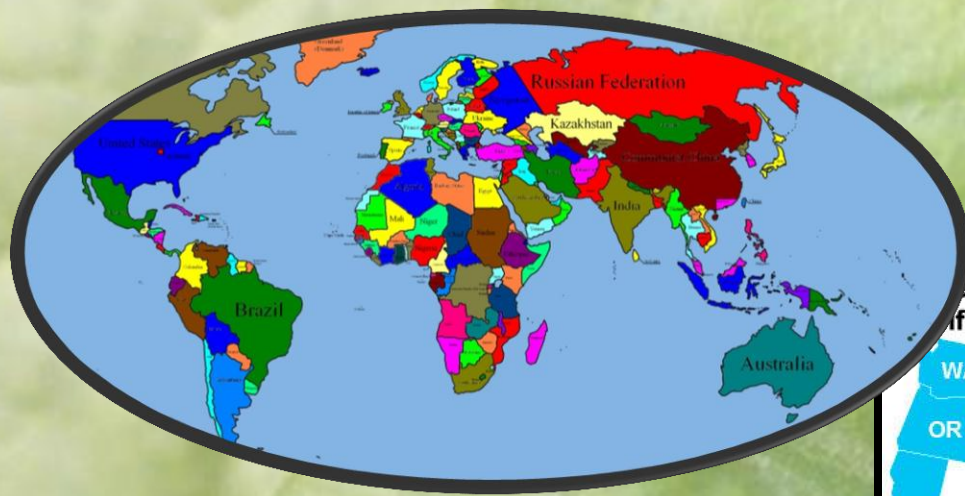
(American Cancer Society, 2009; Jayalekshmi, et al., 2009).

GLOBAL ISSUE

- × **The World Health Organization recently passed the first resolution in 25 years on oral health and oral cancer prevention, and in doing so, confirmed the detrimental effects of smokeless tobacco worldwide (Petersen, 2009).**



USE OF SMOKELESS TOBACCO HIGHER IN THE RURAL SOUTH THAN IN OTHER AREAS OF THE U. S. A.



CULTURALLY EMBEDDED IN SOUTHERN APPALACHIAN MOUNTAIN REGIONS



RESEARCH DESIGN

- × **This research was designed to explore women's own stories of their experiences with using smokeless tobacco.**
- × **An ethnographic approach enables collection of both emic and etic data which allows for a greater richness and depth to convey the impact of this distressing problem**

RESEARCH DESIGN

Ethnography entails the study of social interactions, behaviors, and perceptions that occur within groups, teams, organizations, and communities

....aim of ethnography is to provide rich, holistic insights into people's views and actions, as well as the nature of the location they inhabit, through the collection of detailed observations and interviews. (Reeves & Kuper, 2008)

METHODOLOGY

- × **A qualitative guided interview technique was used to obtain personal descriptions of patterns of smokeless tobacco use in women in rural Alabama.**
- + *An interview guide was used to achieve consistency in data collection and to focus the interview toward the desired information.*

METHODOLOGY

- × **Quantitative data included type of tobacco used, number of years used, and health events of the participants, among other variables.**

PARTICIPANTS: Demographics

Participants included 10 women:

× Demographic data:

- + Caucasian, 32 to 87 years of age, living in a rural area**
- + Education ranged from grammar school up to technical school and two years of college**
- + Financially stable**
- + Live in NE Alabama, Southern Appalachian mountains**

PARTICIPANTS: Tobacco History

- × History of smokeless tobacco use:**
 - + Most used snuff**
 - + One participant used cut moist tobacco.**
 - + First use age ranged from 8 years old to 42 years old**
 - + Number of years using ranged from 4 to 77 years**

RECRUITMENT STRATEGIES

- × **Personal connections to women in the community**
- × **Flyers describing the study and providing contact information left at points of sale, healthcare providers, and community centers**
- × **Snowball technique: subjects referring other potential subjects known to them.**

DATA COLLECTION

- × **Contact was made to potential subjects**
- × **Verbal agreement obtained to meet for initial visit**
- × **Appointments were made with potential subjects with their consent and at their convenience.**
- × **Potential subjects were fully informed of the purpose of the study and asked to sign written consent if willing to participate.**

DATA COLLECTION

- × Using the interview guide the researcher recorded the interviews
- × After each interview was completed, the researcher reflected on each encounter and recorded perceptions of the interview

DATA ANALYSIS

- × Interview data was analyzed on an on-going basis providing heuristic points; i.e. research questions and concerns that have not been previously identified (Hodgson, 2000)
- × Themes identified.
- × Data were coded so that themes were identified.

DATA ANALYSIS

- × **As themes emerged, the data were related in the form of “thick descriptions”**
- × **The results were shared with the subjects for validation providing authenticity to the analysis.**

IDENTIFIED THEMES & DISCUSSION

Beginning use of smokeless tobacco.

- × *Childhood initiation-culturally imbedded*
- × *Adult initiation-substitution behavior*

Secrecy.

- × *Insider*
- × *Outsider*

IDENTIFIED THEMES & DISCUSSION

Knowledge about health risks.

- × *Awareness related to health diagnosis*
- × *Lack of Awareness*

Health Consequences.

- × *Significant health issues*
- × *None reported*

IDENTIFIED THEMES & DISCUSSION

How much and why.

- × *Relaxing and enjoyable*
- × *Can't do without it*

- × *Use all the time*
- × *Recreational use*

IDENTIFIED THEMES & DISCUSSION

Thoughts about quitting.

× *Don't intend to quit*

× *I might but don't know how*

OTHER OUTCOMES

- × *Two women quit using smokeless tobacco products due to diagnosis of malignant oral cancer. Another quit after learning more about use. All three of these women had used snuff since childhood.*

RECOMMENDATIONS

- × **Continue current research to validate and/or extend findings to date**
- × **Develop strategies for primary and secondary prevention programs consistent with patterns identified.**
 - + **Use some of the same community education strategies used to decrease cigarette use**
 - + **Prevention of first use**

RECOMMENDATIONS

- × Educate health care providers on assessment and intervention with women who use smokeless tobacco
 - + History taking and Assessment skills
 - × Early detection of use, if that fails, early detection of health risk, manifestations, diagnosis.
 - + Patient Education appropriate to population, mindfulness of “secrecy”

RECOMMENDATIONS

- × Utilize heuristic points to identify areas for future studies
 - + Use of smokeless tobacco in the manufacturing industry.
 - + Use of smokeless tobacco in teenage females
 - + Use of smokeless tobacco in the very elderly
 - + Cultural influence on the use of smokeless tobacco in females
 - + Identification of high risk groups
 - × Adolescences (especially in rural areas) involved in school sports programs
 - × Native American

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