Letter to Editor

Tobacco Consumption Risk Among Siddi Tribe in Junagadh, Gujarat

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Tobacco consumption is a global public health concern with significant consequences for various populations. While it affects individuals across different socio-economic backgrounds, tribal communities are particularly vulnerable due to their unique socio-cultural, economic, and geographical contexts. This technical report provides a comprehensive review of the risks associated with tobacco consumption in tribal populations, shedding light on the various factors contributing to this public health challenge. It also explores potential interventions and policy measures to address this issue and improve the health and well-being of tribal communities. The Siddi people, also known as the Siddis or Sidi, are an ethnic group in India. They are primarily found in the western part of the country, particularly in the state of Gujarat, including Junagadh. The Siddis have a unique and interesting history [1, 2].

The Siddi community is believed to be of African descent, with their ancestors originating from various regions of East Africa, including countries like Somalia, Ethiopia, and Sudan. They were brought to India as slaves or servants by Portuguese and Arab merchants during the 16th and 17th centuries. Some Siddis were also brought to India as soldiers by the Portuguese [1, 2].

Tobacco consumption poses a significant public health threat globally, with particular concern in low- and middle-income countries (LMICs), where 80% of the approximately 1.3 billion tobacco users reside. Among these nations, India stands as the second-largest consumer and producer of tobacco products [3]. The tobacco landscape within India is intricate, with a staggering 267 million users aged 15 years and above, as per the Global Adult Tobacco Survey-2 (GATS-2, 2016–17). Particularly noteworthy is the prevalence of smokeless tobacco (SLT) usage, driven by socio-cultural factors, with products like khaini, gutkha, and betel quid being common. This usage pattern, prevalent especially among tribal populations, raises concerns about oral health, with a heightened risk of oral submucous fibrosis (OSMF) and subsequent oral cancer [3]. The diverse cultural tapestry of India includes a significant tribal population, comprising around 104 million individuals, with approximately 90% residing in rural areas. Often marginalized, these tribal communities face socio-economic challenges, including limited access to education and healthcare. Such circumstances exacerbate their vulnerability to tobacco consumption, perpetuating health disparities and hindering efforts to address public health issues effectively. Despite their unique cultural identities and geographical isolation, the tobacco epidemic permeates these communities, underscoring the urgency for targeted interventions and inclusive public health strategies to mitigate its impact [3].

Over the centuries, the Siddis have integrated into Indian society while maintaining some aspects of their African heritage. They have their own distinct culture, which includes music, dance, and rituals. The Siddi language varies, with some Siddis speaking an African language while others speak the local languages of the region where they reside. Junagadh, a city in the western state of Gujarat, is one of the places where the Siddi community has a significant presence. Siddis in Junagadh and other parts of Gujarat have been able to preserve their unique cultural practices, and they continue to be a notable part of the cultural diversity of the region [1, 2].

The Indian government has taken various initiatives to uplift the Siddi community, providing educational opportunities and job prospects to improve their socio-economic conditions. While Siddis have made significant progress in various fields, challenges remain in addressing issues related to their socio-economic development and cultural preservation [1, 2]. Tobacco consumption has not been completely banned in India for several reasons, including historical, social, economic, and public health factors [4-7]. Here are some key reasons:

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1. **Historical and cultural significance:** Tobacco has a long history of use in India, dating back centuries. It plays a role in various cultural and religious practices, and banning it outright would face significant resistance due to these cultural traditions.

2. **Economic impact:** The tobacco industry is a significant contributor to the Indian economy. It provides employment to millions of people, from farmers who grow tobacco to workers in the manufacturing and distribution sectors. A complete ban on tobacco could have a severe economic impact, leading to job losses and economic challenges.

3. **Tax revenue:** The Indian government generates substantial revenue from the taxation of tobacco products, such as cigarettes and bidis. These revenues contribute to various public programs and services, including healthcare and education. A sudden ban on tobacco could result in a significant loss of tax revenue.

4. **Chewing tobacco and alternatives:** While cigarettes and bidis are commonly associated with tobacco use, other forms like chewing tobacco, pan masala with tobacco, and gutka are widely consumed in India. Banning one form of tobacco might lead to the increased use of alternatives that can be just as harmful.

5. **Public health challenges:** Banning tobacco outright might create a black market for these products, making it difficult to regulate their quality and safety. This could result in even greater health risks for consumers.

6. **Public awareness and harm reduction:** The Indian government has been implementing various public health initiatives to reduce tobacco consumption. These include large graphic warning labels on tobacco product packaging, anti-smoking campaigns, and restrictions on tobacco advertising. Efforts are also made to provide smoking cessation programs and counseling to those looking to quit.

7. **Gradual approach:** Rather than an outright ban, the Indian government has been taking a gradual approach to tobacco control, focusing on regulation, awareness, and harm reduction. Various laws and regulations have been enacted to limit tobacco use in public places and restrict advertising.

Government policy design for curbing the tobacco consumption in Siddi tribe –

Government policies aimed at controlling tobacco consumption in tribal populations should be culturally sensitive and take into account the unique needs and circumstances of these communities. Tobacco use is a major public health concern, and tribal populations often face specific challenges in addressing this issue. Here are some strategies that can be considered in the formulation of such policies: [3-6]

1. **Community Engagement and Education:** Engage with tribal leaders and community members to understand their specific concerns and needs. Develop culturally appropriate educational materials and campaigns to raise awareness about the health risks associated with tobacco use.

2. **Cultural Competency:** Ensure that healthcare providers and educators working in tribal areas are culturally competent and sensitive to the traditions and customs of the community.

3. **Access to Healthcare Services:** Improve access to healthcare services, including tobacco cessation programs, for tribal populations. This may involve setting up clinics or mobile healthcare units in tribal areas.

4. **Tobacco Control Laws:** Enforce and strengthen tobacco control laws and regulations, including age restrictions for purchasing tobacco products and smoke-free policies in public places. Ensure that these laws are communicated clearly to the tribal communities.

5. **Tobacco Taxation:** Increase taxes on tobacco products to make them less affordable. This can reduce tobacco consumption, especially among price-sensitive populations.

6. **Alternative Livelihoods:** In some cases, tobacco farming might be a primary source of income for tribal communities. Government policies can support the transition to alternative, sustainable livelihoods to reduce dependence on tobacco cultivation.

7. **Cessation Programs:** Develop and promote culturally tailored tobacco cessation programs that are accessible and effective for tribal populations. These programs should address both the physical and psychological aspects of addiction.

8. **Traditional Healing Practices:** Recognize and integrate traditional healing practices and cultural ceremonies that can support tobacco cessation efforts.

9. **Regulate Smokeless Tobacco:** In some tribal communities, smokeless forms of tobacco are commonly used. Policies should address not only smoked but also smokeless tobacco products.

10. **Research and Data Collection:** Invest in research to better understand the specific patterns of tobacco use within tribal populations and assess the effectiveness of interventions.

11. **Collaboration:** Collaborate with tribal governments, local organizations, and non-governmental organizations to design and implement policies and programs.

12. **Youth Education:** Develop and implement youth-focused educational programs that emphasize the risks of tobacco use, especially targeting school-age children in tribal communities.

13. **Mental Health and Substance Abuse Services:** Recognize the link between tobacco use and mental health and substance abuse issues. Provide support and services

for individuals dealing with addiction and mental health concerns.

14. **Monitoring and Evaluation:** Regularly monitor the impact of policies and programs to assess their effectiveness and make necessary adjustments.

One notable example of successful tobacco control initiatives in tribal communities is the work of the Cherokee Nation in Oklahoma. The Cherokee Nation, the largest federally recognized tribe in the United States, has implemented various programs aimed at reducing tobacco use and promoting health within its community.

1. **Smoke-Free Policies:** The Cherokee Nation implemented comprehensive smoke-free policies across its tribal lands. These policies prohibit smoking in all indoor public spaces and workplaces, including tribal government buildings, health facilities, and casinos. By creating smoke-free environments, the tribe aims to protect community members from secondhand smoke exposure and encourage smokers to quit.

2. **Culturally Tailored Tobacco Cessation Programs:** The Cherokee Nation developed culturally tailored tobacco cessation programs that incorporate traditional Cherokee beliefs and practices. These programs offer support and resources to individuals who want to quit smoking, including counseling, nicotine replacement therapy, and access to culturally relevant cessation materials.

3. **Youth Prevention Initiatives:** Recognizing the importance of preventing tobacco use among youth, the Cherokee Nation has implemented various youth-focused prevention initiatives. These include educational programs in schools, community events promoting healthy lifestyles, and campaigns highlighting the dangers of tobacco use.

4. **Community Engagement and Partnerships:** The Cherokee Nation actively engages community members in tobacco control efforts and collaborates with local organizations, schools, and health providers. By fostering partnerships and involving community members in decision-making processes, the tribe ensures that its tobacco control initiatives are culturally appropriate and responsive to community needs.

5. **Data Collection and Evaluation:** The Cherokee Nation collects data on tobacco use prevalence, exposure to secondhand smoke, and the impact of its tobacco control programs. This data-driven approach allows the tribe to assess the effectiveness of its initiatives, identify areas for improvement, and allocate resources strategically.

Overall, the Cherokee Nation's tobacco control efforts demonstrate the importance of culturally tailored approaches, community engagement, and comprehensive strategies in addressing tobacco use within tribal communities. By prioritizing health and wellness and drawing on traditional cultural values, the tribe has made significant strides in

reducing tobacco-related disparities and improving the overall health of its community members [8].

It's essential to approach these policies with respect for the cultural traditions and autonomy of tribal communities. Building trust and working closely with these communities is key to the success of any tobacco control initiative. Additionally, policies should be flexible and adaptable to meet the diverse needs of different tribal groups. It's important to note that even though tobacco consumption is legal, India has taken several measures to reduce its consumption and the associated health risks. These measures are aimed at protecting public health while taking into account the cultural, economic, and social complexities involved. Increase in the tobacco consumption of Siddi tribe can further lead to economic and health burden for the government and might get exploit within their cultural heritage.

Tobacco consumption remains a significant public health concern in tribal populations, with unique risk factors and challenges. The health disparities and socio-economic inequities experienced by these communities call for culturally tailored interventions, improved healthcare access, and targeted policy measures to reduce tobacco use and its associated health risks. By addressing the specific needs of tribal populations and involving these communities in the process, it is possible to mitigate the risks associated with tobacco consumption and improve the overall health and well-being of tribal people.

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