Introduction

"If you can measure the problem than half of problem is solved" this famous phrase is really true especially in case of psychological problems. Psychological dependence is seen in illegal drugs, alcohol and tobacco.

Despite the growing societal restrictions on tobacco use, adults have a legal right to buy and use tobacco, just as they have the legal right to buy and consume alcohol. Alcohol is known to be a potentially dangerous drug, and society accepts it as such. On the other hand, society is just beginning to acknowledge that that tobacco is also dangerous.[1]

Unlike alcohol and illicit drugs, tobacco is perceived to cause minimal disruption to cognitive or behavioral function of the user, so tobacco use was tolerated for centuries in just about every setting. Nicotine addiction is a powerful addiction that is difficult to overcome. Interestingly, the DSM-IV-TR has included nicotine-related disorders in its list of mental disorders since 1994.[1]

In India, the tobacco related deaths currently range between 8-9 lakh per year. Everyday 5500 Indian youth start smoking between the young ages of 10 to 14 years.[2]

Global adult tobacco survey of India highlights:-[2]

- Current tobacco use in any form: 34.6% of adults; 47.9% of males and 20.3% of females
- Among daily tobacco users, 60.2% consumed tobacco within half an hour of waking up.
- Average age at initiation of tobacco use was 17.8 with 25.8% of females starting tobacco use before the age of 15.
- Five in ten current smokers (46.6%) and users of smokeless tobacco (45.2%) planned to quit or at least thought of quitting.

- Among smokers and users of smokeless tobacco who visited a health care provider, 46.3% of smokers and 26.7% of users of smokeless tobacco were advised to quit by a health care provider.

S V Subramanian et al had conducted cross-sectional multilevel project under national family health survey to project pattern of distribution of tobacco consumption in India. The observation of project is given below[3]

	Smoking	**Chewing**	**Smoking & chewing**
Large city	13.7	15.7	25.0
Small city	12.5	15.0	23.9
Town	15.1	18.0	28.3
Village	20.7	23.3	36.4

Above observations clearly state that tobacco consumption is highest at village level. The reason could be lack of education, awareness and psychological dependence. [3]

Almost 35 million tobacco users attempt to quit every year but only about 6% are successful for more than a month. This is because attempts are not directed to change the psychology of tobacco users. Many quitting programmes need to measure how much an individual is psychologically dependant on tobacco.[1]

Keeping in mind the above reasons and need our project is directed to measure the psychological dependence which is root cause of high tobacco consumption among rural population. This project will create a new avenue for tobacco cessation centers targeting rural population.

Aims and Objectives of the project:

Aim of the project is measurement of psychological dependence of tobacco smokers and tobacco chewers of rural population.

Objectives of the project are:

1. This project will help in evaluating which age group of rural population is strongly affected by psychological dependence for tobacco smoking or tobacco chewing.
2. This project will also help in evaluating which type of habit, either tobacco smoking or tobacco chewing is associated with psychological dependence among rural population.