Introduction

Cancer Registries are an integral part of the cancer control activities at different levels of health care. It is well known that tobacco-use is a major factor for occurrence of cancer. Tobacco related cancers account for major share of all cancers. In India, tobacco consumption is responsible for half of all the cancers in men and a quarter of all cancers in women. India also has one of the highest rates of oral cancer in the world, partly attributed to high prevalence of tobacco chewing. Tobacco accounts for about 30 percent of all cancers in men and women in India. Mouth cancer is most common among men followed by lung cancer. Tobacco causes 1 death every 6 seconds yet India is the second leading consumer.

Objectives

The results of an earlier study conducted in the partial block of the Uttara Kannada district showed a 40% prevalence of tobacco use which is higher than the National average. This has inspired a house to house tobacco survey conducted in four Tehsils of Uttara Kannada district, Karnataka State in India. An interim report on findings of a tobacco survey being conducted in Southern India. A proforma to collect minimal information as demography, lifestyle, tobacco-use, past self and family history of cancer and oral screening. Analysis is done by using SPSS statistical software.

Material and Methods

A team comprising of a Medical Officer, Nurses, Social Workers is conducting the Tobacco Survey locally will be covering 409 wards of 71 villages. The process of data collection was carried out by a Project team who made house to house survey. A formal permission was obtained from the Deputy Commissioner and the DHO Office, Karwar. The help of the local Panchayat was sought for carrying out the survey smoothly. A questionnaire developed by the team was finalized and recorded for collection of data. All the completed questionnaires are stored and maintained in the Department of Medical Records, Biostatistics and Epidemiology, Tata Memorial Hospital, Mumbai. These questionnaires are checked for completeness and errors at the department. Special Software was developed for data entry using Microsoft Access 2007 for each of these questionnaires. Various validation checks were done to ensure correctness of data. Statistical Software package SPSS version 21.0 is used for the analysis of the data.

Conclusion

The tobacco survey will provide opportunities for prevention by education at the grass root level. The outcome will help in undertaking and implementation of a larger workable district cancer control programme in these areas with effective intervention in terms of education This can be useful for planning any interventional programmes/health awareness programmes that can be taken up by the Health Authorities. In the project, we propose to conduct cancer awareness programmes and educate people regarding the tobacco hazards. It is also proposed that the population will be revisited after 5 years to see the effect of educational/awareness programmes with minimal intervention.